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NASAL NERVE STRETCHING IN CILIARY PAIN.—Dr. Badal (Journal de Med. de Bour) reports a case of a patient who had marked pain in the globe of the eye, which refused to yield to any treatment. The pain was neuralgic in character and provoked by compression of the ciliary nerves following traumatism. The nasal nerve, being a branch of the trigeminus, which furnishes a sensory root to the opthalmic ganglion, whence are derived the ciliary nerves, was stretched with a result of completely removing the pain. The second case was that of a patient who after ocular traumatism was attacked by keratitis with hypiopion and secondary atrophy of the anterior hemisphere, followed by an iridocyclitis. Before attempting enucleation, Dr. Badal stretched the nasal nerve, which was found to be very thin. The lancinating pains in the eye of which the patient had complained, disappeared.

LOCAL TREATMENT OF BURNS.—In the Medical Record, December 9th, will be found an article by Dr. Robert T. Morris, on the local treatment of burns. The results obtained by the method he employed were so good that it merits attention. The first step in his management of a case was to open all of the blebs, remove all loosened cuticle and trim all ragged edges. Then iodoform was sprinkled thickly over the denuded surface. This application acted both as an antiseptic and analgesic. Strips of cheese-cloth were spread with vaseline and, sprinkled with iodoform, were then carefully applied to the wounded surface, care being taken to prevent any wrinkles being left to irritate the tender surface. Over this, there was laid sheet lint saturated with carbolized water. The whole dressing was then covered with an ordinary roller bandage. In a few days healing commenced and continued with great rapidity. The common plan of allowing blebs to remain and not to trim the loose pieces, Dr. Morris has shown by actual experiment to retard the healing process.

NEW USE FOR POTATOES.—According to the Vienna Agricultural Gazette (Chem. and Drug Bulletin) it has recently been discovered that meerschaum pipes of excellent quality, susceptible to the highest polish, and even more readily colorable than the genuine spiuma de mare, may be made with potatoes. The familiar tuber, it seems, is well qualified to compete with the substances known to commerce as "meerschaum clay." Its latent virtues in this direction are developed by the following treatment: Having been carefully peeled and suffered extraction of its "eyes," the potato is boiled continuously

for thirty-six hours in a mixture of sulphuric acid and water, after which it must be squeezed in a press until every drop of natural or acquired moisture is extracted from it. The residuum of this simple process is a hard block of a delicate creamy white hue, every whit as suitable to the manufacture of ornamental and artistically executed pipe heads as the finest clay. The potato, moreover, dealt with in the manner above described, promises to prove a formidable rival to the elephant's tusk. It may be converted into billiard balls as hard, smooth and enduring as ivory, and can be depended upon for an inexhaustable supply of carved umbrella handles, chess men and fans. As potatoes are plentiful all over the world and likely to remain so, while elephants are, comparatively speaking, rarities, mankind at large may fairly be congratulated upon the discovery of a substitute for ivory, which can be produced in unlimited quantities, and at an almost nominal cost, taking into consideration the difference of price between a pound of the best kidney potatoes and a pound of prime elephant tusk.

Tracheotomy.—Dr. Richardson states (Boston Med. and Surg. Reporter) that from his own experience and that of others in tracheotomy, he has arrived at the following conclusions: The point of election is just below the cricoid isthmus. The isthmus of the thyroid, if recognized, should be pushed down, the cervical fascia of the median line having first been incised, and the trachea exposed by carefully separating the parts with a director; or the thyroid isthmus may be entirely disregarded, and the parts freely incised, in which case all hœmorrhage should be checked before opening the trachea. Deliberation, careful dissection, and a bloodless operation is better than the gain of a few seconds at the expense of hœmorrhage into the trachea. Ether should be used except in extreme asphyxia.

A New Explosive.—The disastrous explosion at Chester, Pa., about a year ago during the burning of a fire-works manufactory, has resulted in the discovery of a new explosive compound, Martin's Chem. and Drug Bulletin, or rather in the discovery that the blue-fire composition which has been used for years will, under the influence of a severe shock, explode with a force rivalling that of dynamite. It seems that when burning, if water be dashed upon the compound, it is at any time liable to explode very violently. Professor Jackson, in whose factory the explosion took place, has been studying the matter for some time, and was led to try the blue-fire composition from reading an accident which occurred in New Zealand, where a chemist's assistant was injured by the explosion of a quantity of this mixture which was on fire in the yard, and which he attempted to put out with water. As soon as the water struck it, the shock seemed to be sufficiently great to cause the detonation. The composition of blue-fire seems to be essentially chlorate of sulphur, ammonio-sulphate of copper, and shellac or sulphur. From all accounts it seems that it is quite stable in its character, and much safer to handle than any explosive compound known. It can be exploded with certainty, either wet or dry, by percussion or gunpowder primes.

Extension in Sciatica.—In the Medical Record, Dec. 16th, will be found an extremely interesting article by Dr. M. Shoemaker on the subject of the weight and pulley extension for sciatica. Several cases are cited in which this measure gave relief in a few moments and in time was permanent in its effects. The method of procedure is to apply the weight and allow it to remain until the limb is thoroughly tired and the pain relieved. As soon as this has been accomplished, traction is ceased. The procedure is renewed as soon as the pain returns.

Hereditary Transmission of Lesions.—Dr. Brown Sequard (Comptes Rendus tome xciv, S. 627), many years ago (Med. Gaz.), drew attention to the hereditary transmission of epilepsy in Guinea-pigs, rendered epileptic by section of the sciatic nerve or cord, of alterations in the eye and ear after section of the cervical sympathetic, of ecchymosis and dry gangrene after destruction of the corpus restiforme, of exophthalmos after section of the spinal cord, and of loss of phalanges or digits after section of the sciatic nerve. He now adds a fresh series of changes in the eye after section of the corpus restiforme, which causes in the parent atrophy of the globe, and in the descendants various opacities of the cornea, aqeous, lens or vitreous humor with atrophy of the globe in one case; also muscular atrophy after section of the sciatic. With the exceptions of the epileptic attacks, the change in the descendants were often bilateral when they were unilateral in the parent, or vice versa, or the same side was not affected. Females transmitted the changes more readily than males. One generation often escapes. He has seen an abnormality transmitted to the sixth generation.

United States Dispensatory.—During the present month the fifteenth edition of the United States Dispensatory will be completed. The editors are Dr. H. C. Wood, Prof. J. P. Remington, and Prof. S. P. Sadtler. The revision has occupied about three years, and embodies the most recent discoveries in materia medica, pharmacy, chemistry and therapeutics. This is a revival of an old and famous medical work. The relation of the work to the United States Pharmacopœia will be maintained, but the Dispensatory will be encyclopedic in character, and will contain in addition to the list, official drugs and preparations, not only those being out of date, but a careful consideration of the most recent non-official drugs. The work is published by J. P. Lippencott & Co.

Extirpation of the Kidneys.—In the Archives Générales de Médicine for December, 1882, will be found a resume of the subject of extirpation of the kidneys. A table of one hundred and two cases is given. In twenty-three cases the operation was performed for morbid growths, or for tumors adherent to the organ, in seven cases for large cysts of the kidney, in twelve cases for hydronephrosis, in sixteen cases for floating kidney, in seven cases for fistula, in fifteen cases for pyonephrosis or pyelitis with or without calculi, in four cases for tuberculosis. These form the main groups. In considering the fact Dr. E. Quénu concludes that extirpation of the kidney is an operation not to be compared in gravity with extirpation of the larynx or cancerous uterus. It has this immense advantage; that in properly selected cases where the operation is indicated, a cure can be predicted to the patient. In cancer, sarcoma and tubercle of the kidney and especially in fistulæ, whether they are renal or ureteral, extirpation is the only means of treatment. The operation is indicated by cysts, hydronephrosis, pyonephrosis, pyelitis, and in certain wounds of the kidney; but is exceptionally indicated in floating kidney where the intensity of the suffering calls for interference. So far as the operation is concerned, the assertion may be made that it has almost attained perfection; therefore research hereafter ought to be directed mainly in the effort to make the diagnosis of renal disease more accurate and precise in its indication.

Vanadium Ink.—Vanadium ink is really the only permanent black ink known. The basis of this writing fluid is rare, and what little there is in the stores of supplies of chemical materials is very costly. However, there has of late been a quantity of it discovered in Ceylon, and it is probable that it will be found worth working for the money which it is certain to bring both here and abroad.

THE SUPPLY OF RUBBER.—In Martin's Chem. and Drug. Bulletin will be found an article on the sources of rubber supply. The demand for the article is so great that information on the above subject cannot fail to be of interest. The recent attempted rubber monopoly and subsequent exorbitant prices now prevailing, greatly to the detriment of manufacturing enterprise, serve to direct attention to measures of relief. The supplies of rubber in Bolivia, in the regions drained by the tributaries of the Amazon River, are practically exhaustless. The discovery that the Beni River, which penetrates this region, is navigable for a distance of eight hundred miles, opening a way to the sea, promises to be of great commercial importance. Mr. Heath says (Amer. Geog. Soc. Report): On the north side of the Beni River the forest extends from the water's edge over fifteen degrees of latitude. He penetrated this dense forest at one place as far as twenty-one miles from the river, and the further he went inland he found the rubber trees to increase in size and number. Each square league contained from three hundred to five thousand trees. On the south side of the river the forest is only from three to ten miles wide, but it abounds in rubber trees. Formerly the products of this region reached the Pacific Coast through Africa, but now the tide of commerce begins to seek the new route via the Mamore and Madeira rivers to San Antonio, to which point steamers at present ascend. A railway from San Antonio to the Beni River will be built, Mr. Heath says, within five years, but those who remember the unfortunate experience of Mr. Church and his associates in the attempt to construct the "Mamore and Maderia Railroad," (which was expressly designed to reach Bolivia through the Amazon) will not be so sanguine.

PAGET'S DISEASE OF THE NIPPLE.—Paget's description of an eczema-like condition of the nipple that tends to cancer, and that was regarded by Paget as a sufficient indication for early excision, appears to have given rise to a certain degree of confusion in the minds of practitioners, as well as those who have since written upon the subject (New York Med. Jour.). The result is that a long continued eczema of the nipple is very likely to be regarded as pretty certainly cancerous. As showing how incorrect such a view may be, the case described by Napier is interesting. A patient had suffered with a chronic eczema of the breast for two and a half years. Its general features corresponded closely enough to some of the descriptions that have been given of "Paget's disease;" yet it was entirely healed by local treatment in about a month's time, and did not renew. Dr. E. B. Bronson calls attention to the great disparity that prevails in the different descriptions of Paget's disease. Sometimes it is represented as having purely the character of common eczema, and it may be either of the squamous, fissured, or oozing variety. Again, others describe it as showing ulceration, with eversion of the edges and destruction of the nipple. Napier discovers in these different descriptions three forms of disease, to wit: eczema, cancer, and a third form of disease, which, while "simulating eczema," is "associated with, or closely followed by true malignant disease of the breast." The difficulty in diagnosis concerns only this last form. As shown by the written case, the duration of the disease is not sufficient evidence of malignancy. The differential points upon which stress is laid are: "A well defined overlapping margin, forming a veritable ridge, with a sulcus behind it," "a raw red surface." These features, the writer thinks, should be sufficient to make the case so suspicious as to warrant excision.

DR. WETHERILL has found that the ordinary strength of aqua ammonia dissolves at once and completely the red stain produced by tinctura cinchona comp.

Blenorrhagic Pleurisy.—Some years ago M. See observed a case of gonorrhœal rheumatism, which was complicated by a distinct inflammation of the pleura. To his mind the pleurisy was evidently due to the venereal disease, since the two inflammations, arthritic and pleuritic, commenced at the same time and without the patient having been exposed in any way that could have produced a pleurisy. He has now added another instance of this rare complication of gonorrhœa (Journal de Medicine, December, 1882). This was the case of a young man twenty-five years of age, who had contracted a gonorrhœa some three months previously. He was suddenly taken with chills, pains in his side, fever and dyspnœa, which last was especially marked. Moreover, pressure upon the sides of the thorax induced the most acute pain. Upon his admission into the hospital, he showed evident signs of pleuritic effusion. The dyspnœa was extreme and was not benefited by hypodermics of morphia; but an hypodermic of the nitrate of pilocarpia gave a most excellent result. Dr. P. L. Championnière, in commenting upon the subject, says, that under the condition in which these pleurisies are produced, it is very difficult to prove that they are of a blenorrhagic nature. M. See insists that the thoracic pain and the general instead of the local disorder is sufficient to establish his diagnosis.

Local Etherization in Strangulated Hernia.—The Med. Gaz., quoting from the Berl. Klin. Woch., relates the following: Dr. W. Einkelstein, of Jassy, describes his method of reducing strangulated hernias thus: Lay the patient on his back, and make him draw up his knees. In inguinal hernia, support the scrotum on a pad or pillow, and pour one or two table-spoonfuls of ether over the integuments of the sac; then lay over it a cloth folded three or four times. Repeat this every fifteen minutes. After the third or fourth repetition, the coils of the intestine become mobile, and sometimes slip back of themselves into the abdomen. If they do not do so attempt to reduce them gently; and in fifty-four cases out of fifty-eight I have succeeded. I find the treatment more successful the less the time previously spent in taxis; so apply the ether as soon as possible after the strangulation. It is easy to see the reason for this statement. When the bowel has been nipped for sometime, it becomes paralyzed and loses its power to contract and to conduct peristaltic movements. Thus the prospect becomes less hopeful or is lost. I had no instance of simple hernia in these fifty-eight cases. I should think in such a case etherization would be useful. In cases where the hernial coverings were much thickened it would probably be less effective. To lessen the burning pain produced by the ether a mixture of one hundred parts of sulphuric ether with twenty of oleum hyoscyami is used. The ether must be poured on, not dropped.

Depletion from Right Heart.—Dr Westbrook (Medical Record, Dec. 20, 1882) publishes the result of his experiments in the abstraction of blood from the right heart. He claims that the operation is not a difficult one, and is not attended with any serious after effects. The remedy appears to be a desperate one, such as is indicated only in desperate cases. The operation was performed once and appeared to have no deleterious effect. Dr. Westbrook declares that if the operation had been performed earlier and more blood had been withdrawn, success would in all probability have crowned his efforts. In cases of intense pulmonary congestion, when the chief danger is from the congestion, the operation would be indicated. Further work is needed in this direction in order to establish the operation as entirely justifiable, and to prove conclusively that there will be no secondary evils, such as embolism or extravasation.

To Preserve Brain Structure.—Dr. Robson (British Medical Journal) tells his experience with Giacomini's process of preserving brains, in the following words: The fresh brain in its membranes, is placed in a saturated solution of chloride of zinc, in which it floats, and must be turned over two or three times a day. After forty-eight hours, the membranes must be removed, without taking the organ out of the fluid. Allow it to remain in this fluid until it ceases to absorb, as shown by its remaining at the same level and not sinking. Then remove it and plunge it in alcohol of commerce, where it must remain for a period of not less than twelve days, during which time the spirit should be changed two or three times. When removed from alcohol, it is to be placed in glycerine of commerce, to which one per cent of carbolic acid may be added. At first it floats in the glycerine; but, as the spirit evaporates, and the glycerine penetrates it, it gradually sinks to the level of the surface of the fluid, when it may be removed; put aside to dry for a few days; and lastly, coated with several layers of gum elastic varnish, or marine glue, diluted with a little alcohol.

Subcutaneous use of Silver Salts.—The Medical Record contains the following statement made by Dr. Eulenberg, in a paper presented at the German Medical Congress, held in Wiesbaden (Transactions, 1882), in which he related some experiments undertaken by him to determine the utility of the hypodermic injection of silver. The uncertain results following the administration of nitrate of silver per orem he thought, were due partly to a reduction of the salt in the process of compounding and partly to the chemical changes which it undergoes in the stomach. The first experiments were made with chloride of silver: Immediately after the injection, no discomfort is experienced, but later some inconsiderable pain is felt for several hours. This is probably due to deposition of metallic silver in the tissues. Some injections of the phosphate were made in rabbits without exciting any local irritation. As this salt is soluble only in a strongly acidulated menstruum, trials were made of the pyrophosphate, which requires much less acid for its solution. No irritation follows the injections. Finally an albuminate was used with the same negative result. Previous trials of the nitrate had demonstrated that no evil effects followed its injection other than some pain, and very rarely, slight inflammation. The author stated that a part of the injected salt is precipitated at the point of insertions, and a part passes in a soluble form into the blood and is excreted by the kidneys. From the experiments thus far made, Eulenberg concluded that solutions of the silver salts in suitable form might be administered subcutaneously with advantage, and that the results obtained are much more certain than when the metal is given by the mouth. As regards the particular salts most suitable for hypodermic use, the author was as yet undecided.

Potent Remedies.—"Look at this John," said a believer in Hahnemann, producing a small vial, "It is my most precious possession. Twenty-five years ago I put a fraction of a grain of chalk in it, and filled it up with sugar of milk. Day after day ever since I have used out of this bottle, replacing the contents as they wasted with pure sugar of milk, and now I have a most powerful energy for good confined there. This statement so affected John's youthful mind that he ever after feared to use such powerful remedies.

Antiseptics in Surgery.—In the New York Medical Journal there will be found five articles, the import of which is the use of antiseptics in surgery. Each one of the writers of these several articles advocates the use of antiseptics, but does not adhere to Listerism in detail. These facts indicate the opinion among the profession.

MYXODEMA.—Dr. A. McLane Hamilton in an article in the Medical Record states the results of his study of myxodema. So far as treatment is concerned, he says nothing has proven satisfactory. He summarizes as follows: Myxodema is a disease of adult life, chiefly in women. It is allied to cretinism and is slowly progressive; it is attended by the gradual and uneven deposit of mucin in the skin itself, by various trophic skin changes, by unilateral lowering of temperature, mental impairment, increased arterial tension, deafness, and ataxic speech defects. It bears a significant relation to frequent pregnancies and the menopause. It probably depends upon a lesion primarily of the bulb, with secondary extension to the postero-lateral columns of the spinal cord and the spinal sympathetic ganglia. Cases with muscular atrophy and deep tissue-changes are rare, and when so found, probably indicate degeneration of the multipolar cells in the anterior horns. Renal disease is not the cause of the malady, but the result.

TRACHEOTOMY IN ONE STROKE.—Dr. Richardson (Boston Medical and Surgical Journal) in an article on tracheotomy, makes this statement: Saint Germain reports, in the Gazette des Hopitaux, two hundred and twenty-seven operations. He completes the operation in one stroke. The knife is introduced into the trachea through the crico-thyroid membrane, and by an outward stroke all the tissues are divided at once. The isthmus of the thyroid does not appear to have caused trouble by excessive hemorrhage.

LET THERE BE LIGHT.—Dr. B. F. Kingsley, U. S. A., relates a number of cases where soldiers sleeping on the plains have come to him to have insects removed from their ears. Accidentally he discovered that by holding a lighted candle near the ear the insect would at once leave the cavity and come forth. The expedient should be tried in the dark.

ESTIMATION OF MORPHINE IN OPIUM.—In the American Jour. of Pharmacy there will be found in the analytical researches collated by Prof. Power, an article from the Jour. de Pharm. d'Alsac-Lorrain of the following import: The Paris Society of Pharmacy has agreed upon the following method for the valuation of opium: fifteen grammes of the opium to be tested are intimately mixed with nine grammes of calcium hydrate, one hundred and fifty cubic centimeters of water gradually added with continued trituration, and the mixture agitated for half an hour. The mixture is then poured upon a filter and exactly one hundred cubic centimeters of the filtrate brought into a stoppered glass vessel. Twenty cubic centimeters of ether are now added and agitated, and after dissolving six grammes of powdered chloride of ammonium in the liquid, it is allowed to repose for two hours. The ether is then decanted, replaced by a fresh portion, and after repeated agitation again decanted. The precipitate of morphine is finally collected upon a smooth filter, washed with a few cubic centimeters of cold, distilled water, dried and weighed. The weight of the dried precipitate, after deducting the weight of the filter, when multiplied by ten, represents the percentage amount of morphine in the opium.

VENESECTION IN COMA OF MENSTRUATION.—Dr. H. Goldthwaite reported the following case to the Obstetrical Society of New York (Am. Jour. of Obst.) A woman suffering from uterine retroflexion and version, suddenly passed, during menstruation, into a state of coma, without any apparent exciting cause. Various remedies had no effect. Finally venesection was resorted to, when she at once began to regain conciousness, and went on to complete recovery. Examination of the urine gave negative results, and there had been no renal symptoms. She had never before lost consciousness. The case shows the therapeutic value of the lancet.

To Test and Purify Chloroform.—Prof. Power, in the Amer. Jour. of Pharmacy, quoting from the Chem. Zeitung, states that potassium permanganate is reduced by impure but not by pure chloroform. A solution of one grain of potassium permanganate in ten grammes of an alcoholic potassa solution and two hundred and fifty grammes of water, which possesses a beautiful violet color, assumes immediately upon the addition of impure chloroform a green color. The liquid then becomes colorless and oxide of manganese is separated. The author purifies the chloroform by dissolving potassium permanganate in the smallest possible quantity of water, adding twenty grammes of caustic potassa, and mixing this solution in a large bottle with the chloroform, which is agitated from time to time. After some hours it is decanted, and a new solution added until, even after standing for some hours, the red color remains permanent. The chloroform is then poured off, deprived of water by means of potassium carbonate, and distilled.

Tack in the Ear.—Dr. Edward Haughton reports the following case in the Lancet: A lady consulted him for deafness and occasional throbbing in the right ear, and on examination with the ear speculum he found a black mass at the bottom of the meatus. Being firmly imbedded with a mass of clotted blood, wax and cotton-wool, it resisted all attempts at removal by the use of a large syringe and hot water; but by the aid of a small artery forceps and a short hook, set in a handle, he succeeded in extracting a carpet-tack, head foremost. As the mass completely plugged up the meatus, in which it had been for years, it was very difficult to extract. She now hears perfectly.

Cold Kills Trachinæ.—According to the experiments of Bonley and Gibrir, a temperature of 12° to 15° C. for five hours will destroy trachinæ.

Disease of the Optic Disc in Connection with Typhoid Fever.—In a report which Dr. C. S. Bull makes in the New York Medical Journal, on ophthalmology. will be found the following statement: Oglesby ("Brain," v, 2) calls attention to some of the ocular complications of typhoid fever. These changes are in the optic disc, and he has never met them in any case of typhoid fever where the patient had passed through the disease without prominent cerebral meningitis. The disc is the seat of a subacute neuritis, in which the effusion is of so slight a character as to deceive any but the most practiced in the use of the ophthalmoscope. The visual defect is not noticed until long after the health of the patient is restored. The discs present an unusual appearance, having a peculiar tint of brownish-redness. The veins seem to carry too much blood. The contour of the disc is unaltered. As a rule, patients suffering from typhoid amblyopia have a decided appearance of facial cellular dropsy, and yet no albumen appears in the urine after repeated examinations. The disease of the optic disc grows progressively worse, and, though not, as a rule, ending in atrophy, does so not infrequently. It is much more frequent among child-bearing women than among men. Oglesby has never yet met with a case in which a history of meningitis could not be obtained. In those cases in which effusion into the disc has rapidly destroyed vision, the optic tracts have presented direct evidence of softening.

Facts in Consumption. An Eastern exchange states the following.: Consumption causes many more deaths than any other disease, and any statistics bearing upon its causes or the conditions of its development are of much importance to both the medical profession and the public. With a view of obtaining information concerning the etiology of the disease Dr. Playter, of Toronto, sent out a list of questions to each of many hundreds of

physicians, having cases in practice in Canada, and the States of New York, Ohio, Michigan, Indiana, Illinois and Louisiana. The questions related to the age, sex and general structure of the patients, and to their ancestry, general habits, etc. About two hundred and fifty physicians answered the questions, and the doctor has made up from these two hundred and fifty cases a concise report of much practical value. The average age of the patients was 27 years; 46 per cent were males and 54 per cent female. Only 28 per cent were married. The circumference of the chest was in every case much below the average of vigorous persons of the same height, being only 30½ inches. Persons of such stature should have a chest circumference of about 37 inches. About 55 per cent had light blue eyes and light hair, and the nervous temperament largely prevailed. Two-thirds of the patients had been engaged at indoor, sedentary occupation, and spent but little time in the open air. Much the greater part of them had slept in small, unventilated bedrooms, two in a bed, had not usually worn flannel next to the skin, nor used habitually any form of bath, and nearly all had been small or very moderate eaters, and used but very little fatty food except butter. The general habits of nearly all had been good, and but very few had used alcoholic spirits to excess. In only 36 per cent of the cases had ancestors died of the disease, while nearly three-fourths had resided in a locality favoring a humid, cool atmosphere.

Mr. Playter draws some important deductions: marriage in certain conditions and certain stages of the disease is probably unfavorable to the development and progress of consumption. Heredity is not of such constancy and importance, as a cause, as appears to have been commonly believed, further than in so far as configuration and structure of the body, the relation, and the relative size and vigor of the different organs to each other are influenced by parentage—*i. e.* in a want of general stamina from defective construction. With the small lungs and consequent imperfect respiratory capacity, the individuals could not consume enough oxygen to utilize the digested products of a generous or full diet, especially that containing much carbonaceous matter, while there would be in all probability accumulations in the body of unused and waste substances which should have been thrown off through the lungs. The one means which will best tend to prevent the development of the disease in those thus predisposed to it, is apparent enough; it is that of increasing in early life by judicious physical exercise the size and capacity of the respiratory organs. The Doctor draws attention to the desirability of taking into consideration the respiratory capacity of patients suffering from tubercular phthisis before prescribing a full or too carbonaceous diet."

Septic Poisoning.—In an abstract on Septic Poisoning by inoculation of fluids free from bacteria, the Medical Times states that from a series of very carefully conducted observations upon animals, Dr. Rosenberger found that the injection of cooked and absolutely germ-free septic poison of malignant œdema, or contagious septacæmia, was sufficient to cause a fatal result, and he succeeded in infecting other animals by injecting a proportionately small quantity of the serum or the blood, and from these others in the same way. It is noteworthy that in all these experiments the blood both before and after death was found to contain the same bacterial forms as in the ordinary cases of septic poisoning following the introduction of fluids containing bacteria. He points out also the different results obtained by injecting these fluids into living animals in which the bacteria are developed, and the culture experiments in vessels out of the body where such developments do not occur. Bateria are evidently not the cause of all mischief.

A Case of Paroxysmal Hæmaturea.—The following interesting and somewhat rare history will be found in the Medical Record: Dr. L. E. Borcheim of Clifton, Arizona, records a case which was admitted to the Mount Sinai Hospital in 1881, while he was the house physician of that institution. Upon admission, December 25th, the patient gave the following history: F. O., aged thirty-nine, Portuguese; sailor by occupation, now labors along shore. His appearance is that of a rather anæmic but muscular person, with a well-formed chest and medium-sized stature. Has always enjoyed good health with the exception that in 1861 he had yellow fever, and in 1769 had intermittent fever. This last attack lasted sixteen months, but since its cessation he has considered himself perfectly well until the beginning of the present month some five years ago. He then observed that upon exposing himself to cold, his urine would, as he supposed, become quite bloody, becoming, after a period varying from five to ten hours, normal again, and as it gave rise to but trifling and temporary inconvenience the patient gave it no further consideration. This condition obtained every winter for three consecutive years, and he began to be troubled with dyspnœa, which gave him some uneasiness. The fourth winter, while on board a vessel, and after having been exposed more than usual to the cold, he was suddenly seized with a severe chill which lasted an hour or more, after which he felt greatly exhausted and unable to resume his occupation. In about an hour following the chill he passed urine, as he describes it, the color of "strong coffee;" later, upon passing water, it had the appearance of port wine, and at each subsequent micturition the urine appeared a shade lighter, until after ten hours it had resumed its normal appearance. The above described condition has obtained ever since, greatly weakening the patient, giving rise to extreme dyspnœa upon slight exertion. Upon physical examination the heart and lung were found normal and the spleen slightly enlarged. Urine, amber color; sp. gr., 1.014; acid, negative chemically and microscopically. Patient's temperature, 99° F. The patient having shown no symptoms of bloody urine since his admission, he was, at the advice of Dr. H. V. Hineman, the visiting physician, warmly dressed, on a quiet, frosty day, sent out for a walk in the open air. Returning in three hours, he complained of chilliness. His temperature was immediately taken in the rectum, and showed 99.8° F., being one degree higher than it was previous to his chill. One hour after his return he passed urine, which upon examination gave the following result: Color resembling English porter; sp. gr., 1.036; acid, albumen present in large quantities; microscopically negative; spectroscopically hœmoglobin. The urine tested subsequently gave similar results, quantities of abnormal ingredients diminishing. After a lapse of ten hours his urine again became normal. Various methods of treatment were employed with quite unsatisfactory results. A tonic course of iron and quinine was persevered in, with the view of improving the general condition rather than of preventing the recurrence of the paroxysms.

Treatment of Enlarged Tonsils.—The Medical News, quoting from the Lancet, relates the following expedient when the tonsils are enlarged and when excision cannot be performed. Dr. Gordon Holmes advises a method of applying the common caustic to the tonsils, which appears to have remained hitherto unnoticed. The tonsil, as the anatomist knows, is permeated by several rather large channels around which the follicles are collected, opening on the pharyngeal side of the gland, whence its characteristic cribriform aspect. Their orifices, about seven to fifteen in number, are sufficiently evident to be counted on the

healthy tonsil in situ, whilst in the hypertrophied condition these openings increase greatly in calibre and depth, and can be ascertained by a probe to vary from one-eight of an inch to half an inch in length, with a diameter capable of admitting a style of ordinary size. These observations, then, afford a valuable indication for treatment; for through these natural canals a way lies open to attack the heart of the gland in a most efficacious manner with caustics. Thin pointed sticks of nitrate of silver or chloride of zinc can easily be pressed into the lacunae and worked around for a few seconds. Small sloughs are thus formed, which are soon discharged, and in the process of this treatment the tonsils are hollowed out in one direction whilst being contracted into much smaller bulk by the subsequent cicatrization in another. Two or three channels in each tonsil can be cauterized daily or on alternate days, and we can thus act on a comparatively large surface whilst causing but slight external soreness and little or no suffering to the patient. In practising this method, although the stronger caustics may be used, he does not think it will be necessary to have recourse to anything more potent than nitrate of silver, which acts much more effectually on the tender, internal structures of the tonsil than when applied to the comparatively callous pharyngeal surface.

Placenta Prævia.—Dr. Spencer T. Smith (British Medical Journal) relates a case of placenta praevia where the placenta was found to have been expelled into the vagina. The child was found lying transversely across the uterine cavity. The placenta was removed and the child extracted without trouble. There was no hemorrhage. This case is somewhat singular from the fact that, although there was complete placenta praevia, as already mentioned, there was no hemorrhage. The placenta probably was expelled from the uterus early in labor and acted as a tampon.

Filthiness of a Healthy City.—The death-rate (American Medical Weekly) of Nantes is singularly low, and, as a contemporary remarks appears to upset all sanitary theories. Nantes is probably the dirtiest large city within the limits of Christendom. No pen, no language, can describe the state of filth in which the town is allowed to remain; not an angle, not a corner, not a dead-wall, without defilement by abomination of the foulest description. The stench which arises under certain atmospheric conditions, can be imagined, but not put it into words. Yet the death-rate is only a fraction over twenty-three per one thousand. The population seem happy with their filthy lot, and no pressure seems to be put upon the municipality to establish a better order of things. A similar state of things is reported by Stokes (Lectures on Fever) respecting an Irish village in which filth was abundant. Excellent water and the use of peat were claimed by Stokes to explain the anomaly.

Changes in the Fundus Oculi caused by certain Diseases of the Liver.—Litten ("Zeitschr. f. klin. Med.," v, 1) has been making some investigations into the changes produced in the fundus of the eye by certain diseases of the liver, with the following results (Dr. Bull in New York Med. Jour.): 1. In all the various diseases of the liver which are complicated with icterus, retinal hemorrhages occur not infrequently, and these must be regarded as symptomatic of other widely extended hemorrhagic processes occurring in many of the internal organs. These hemorrhages are by no means always to be regarded as of evil omen, for they occur in a comparatively harmless form of catarrhal hepatic inflammation whenever the latter is complicated with icterus. With the latter they stand in close connection. 2. In one case of acute atrophy of the liver from phosphorous poisoning, besides fresh retinal hemorrhages Litten observed multiple white spots, which proved, on microscopic

examination, to be fatty degeneration, which were mainly situated in the granule layer, and contained numerous granular bodies and tufts of tyrosin. The capillaries had also undergone fatty degeneration. 3. In two cases of atrophic cirrhosis of the liver, he observed pigmentary degeneration of the retina, which in one of the cases was developed long after the disease of the liver had existed, while in the other it preceded it by a year. In both cases there was marked concentric limitation of the field, with good central vision and general diminution of the visual power under diminished illumination. 4. Hemeralopia sometimes occurs during the existence of a hypertrophic or an atrophic cirrhosis of the liver, without any trace of a demonstrable organic retinal change. 5. By ligation of the optic nerve, as near as possible to the eyeball, it is possible to produce in the retina processes similar to those Berlin describes as produced by division of the optic nerve, and similar also to those seen in retinitis pigmentosa, namely: atrophy of the cellular elements of the retina, absorption of the pigment of the epithelial layer, and wandering of the same into the innermost layers of the retina. On the other hand, a hyperplasia of the connective tissue, as observed in pigmentary degeneration of the human eye, was almost entirely wanting. 6. Immediately after puncture in a marked case of ascites, a neuro-retinitis with slight swelling of the papilla was developed, with exudation into its tissue and around the vessels. Litten thinks that this was caused by the rapid alteration of the conditions of hydrostatic pressure, in consequence of the rapid withdrawal of sixteen litres of fluid.

Malpractice Suits Against Quacks.—Another phase of the malpractice question has recently presented itself (American Medical Weekly) in Indianapolis. A man enticed by the advertisement of a charlatan placed himself under the latter's treatment for bronchitis. Not improving any in health he has recently brought suit against the latter for malpractice in the use of drugs calculated to reduce strength and thus rather to promote than decrease preexistent disease. The question to be decided is a somewhat intangible one. To say that any treatment of bronchitis is improper in the light of the varied and contradictory forms of treatment adopted by even the best authorities is to assume an enormous responsibility. To be sure the defendant in the present case is a charlatan but the value of a precedent in law is enormous and a decision justifiable on the ground of general ignorance but not specifically justifiable in the case of a charlatan, may subsequently serve to oppress the regular respectable physician. Macaulay says bad men generally suffer first from an infraction of law used afterward to oppress the innocent. To deal with the question of malpractice in the case of a fracture is a relatively simple one, and, yet how often have respectable physicians been seriously damaged in purse and reputation because of some decision bearing on the case given in a suit against a quack. The profession would likely be deluged with suits for malpractice in all pulmonary diseases were this suit successful. Suits against charlatans for obtaining money under false pretences should be encouraged. Suits for malpractice are too much like fire to be played with.

The Trigeminus in Hearing.—The Cincinnati Lancet and Clinic quoting from the Deutsche Med. Zeitung, gives the experiments on the fifth nerve by Dr. Kirchner, who attempts to show that disease of the ears may be due to injuries of the branches of the trigeminus, because filaments of this nerve are distributed to the pharynx and also innervate the tensor of the palate. Diseases of the pharynx, he thinks, have an etiological relation to diseases or disturbances of the drum-head on account of the peculiar nerve distribu tion. With the assistance of Dr. Ashen

brandt, the third branch of the fifth nerve of a number of animals was laid bare in such a way as to expose the tympanic cavity at the same time. When a weak current of electricity was used about ten seconds, the delicate network of vessels in the tympanic mucous membrane could be seen to enlarge, and remain distinctly visible for a few seconds, even after electrization had been discontinued. A strong current for a longer time produced a distinct congestion of the capillary network, while the color of the mucous membrane increased to a livid red, which only disappeared after a considerable length of time. A thin watery exudation appeared on the mucous membrane of the tympanic cavity, which ceased when the exudation disappeared. When the fifth nerve was injured by pulling out its root near the base of the skull the tympanic mucous membrance became swollen and secreted a muco-purulent matter in the course of a few weeks. These results may be explained thus: Irritation of the third branch of the fifth nerve may excite the nerve fibres controlling secretion by a reflex action; again, the strong injection of the capillary system that occurs at the same time may cause an increase of secretion, or the otic ganglion may be affected through the nerve filaments running from the ympanic cavity to the ganglion, and in this manner influence the secretory as well as the circulatory condition.

Deafness as a Sequela of Mumps.—The Medical Times makes the statement that from a review of all the cases of deafness following mumps, Dr. Brunner (La France Med.) draws the following conclusions: Nervous deafness consecutive to mumps is more frequetly unilateral than bilateral, and so far incurable. It is developed in a few days, with violent vertigo, and subjective noises, symptoms which persist for a time. Fever is not necessarially connected with this invasion of the organ of hearing, because it is not mentioned in the recorded observations. Pain has been observed only once. There is no loss of consciousness, and the general condition appears satisfactory. The disease appears in the young as well as in adults. Dr. Brunner has called attention to the strong resemblance existing between this disorder and the malady of Méniére and to that of Voltolini. In the latter states there is always a sudden exudation, either serous or hemorrhagic; because the general symptoms do not warrant the idea of a purulent exudation. The prognosis, however, is none the less grave when it is serous and tending to spontaneous absorption, because the delicate organs of the labyrinth are enclosed in an inextensible bony case. If complete atrophy has often followed parotid orchitis we understand why it should do the same in the organ of Corti, only to a degree more marked. The analogy between these two diseases is indeed striking. Combeau considers parotides as a general malady with multiple local lesions affecting the conjunctivae, pharynx, urethra testicle, ovary, vulva, etc., a theory however which explains less well than that of Moos the tardy appearance of localizations in other organs than the parotid gland. Dr. Calmettes reports a case in a child of six, in which both ears were affected, without discharge, pain, or tinnitus aurium, but the deafness was not quite complete. Eight months after he could still hear a loud voice, but there had been no decided improvement.

The Straight Bodied Position in Labor.—Dr. A. D. Macdonald (British Med. Jour.) calls attention to the subject of the straight bodied position in labor. He claims that this position is far less likely to result in lacerated perineum than the ordinary positions. The straight position does favor relaxation of the perineal muscles and many patients will be noticed, as the child's head begins to stretch the perineum decidedly, to straighten themselves and to gain considerable relief from

Insanity from Iodoform.—Smidt Central fur. Nerven., Dec. 1, 1882, has reported the following case of insanity from iodoform poisoning: A woman, sixty-seven years old, without neuropathic family history, had used in the treatment of an ulcer on the foot, iodoform for several weeks, one hundred grains in toto. This was followed at first by headache and dizziness. Later on there came hallucinations of hearing, sight and feeling. Within a week this was followed by amnesia and general disquiet, loss of personality and slight dementia. There was also detected in the patient an iodoform amblyopia similar in character to the amblyopia of alcohol. The patient ultimately recovered from the acute symptoms but remained mentally weak.

Cheap Aluminum.—A recently discovered process for cheapening the manufacture of the metal aluminum is said to be creating no little excitement in the metal trade at Birmingham and Sheffield. The excitement is probably overstated, but the importance of the invention of a process that will convert every clay bank into a mine producing a most useful metal at a cheap rate cannot be exaggerated. With many of the best properties of silver this metal combines a lightness and tenacity that makes it specially useful for certain purposes. It is malleable and ductile, and is an excellent conductor of electricity. High cost of production had hitherto limited its employment to the production of a cheap jewelry, philosophical instruments, and a bronze of the color of gold.

Resection of Intestine.—The Med. Press relates two cases of successful resection of the intestine. The first case reported, under the care of Dr. Joulliard, of Geneva, was that of a woman aet. 63, who had a hernia which had become strangulated, and had left a preternatural anus; the second, that of a man, with left inguinal hernia that had become strangulated. At the operation in the latter case the intestine was found to be gangrenous and perforated in numerous spots; the testicle was also found to be gangrenous. Twenty-five cmt. of intestine were removed, together with the testicle, and an artificial anus was established. After the parts had recovered a healthy tone, and not till then, an attempt was made to unite the divided ends of the intestine. The attempt was followed by union by first intention. He distinguishes between primary and secondary enterotomy. The former designation he applies to resection performed on account of gangrene of intestine, and the latter to similar operation for artificial anus. He considers the latter much more easy of performing as well as safer to the patient. The operator, in the latter case, does his work with an empty and dry intestine to work upon, whilst in the former case the bowel may be full of fœces constantly forcing their way down and impeding the operation. In the latter case, moreover, the gangrene has done its work, and it is perfectly certain that it will not spread beyond the sutures, and the patient is freed from the double risk of strangulation and operation at the same time. For these reasons Professor Joulliard thinks it a safer course, in cases of hernia with gangrene of intestine, to first make an artificial anus, and afterwards, when tone and strength have been recovered, to resect and restore the continuity of the gut. In further proof of the correctness of his views, he adduces twenty-five cases of resections for artificial anus with but eight deaths, whilst of forty-four cases (besides unpublished ones) of primany intestinal resections, twenty-three were fatal.

Food Adulterations In Paris.—The municipal laboratory for the analysis of the solid and liquid food sold in Paris is issuing a series of reports which show that nearly every article of consumption is more or less adulterated. We have already referred to

the extensive scale upon which wine, spirits, and beer are adulterated, but it is more surising still to find that coffee, and even chocolate are rarely sold pure. Chocolate is, as a rule, adulterated by the substitution of bean-meal, powdered date-stones for the rich matter which the natural cocoa contains, and out of seventy-seven specimens of chocolate brought to the laboratory nearly half were adulterated in this fashion. It might be thought that however some ground coffee might be adulterated by the admixture of chicory and other substances, one was safe in buying it when in the berry; but this is a great mistake, for there are several establishments in Paris which manufacture a compound of ground acorns, burned wheat, and coffee dregs into berries, which are then dipped in an alcoholic solution of colophone to give them the appearance of "best Mocha." Out of twenty-eight specimens of whole coffee twelve were found to be adulterated, so that it is not in the East only that one drinks "bad coffee." Even the chicory used to adulterate coffee is not, as a rule, pure, the most common form of adulteration being oxide of iron and ochre. There is still greater difficulty in procuring genuine pepper, for out of one hundred and twenty-five specimens examined eighty-four were adulterated, potato starch, pulverized olive and date stones, cayenne, pimento, chalk, plaster, and dust from shop floors being among the elements discovered. Sugar and honey seemed to have escaped so far the fraudulent devices of dishonest traders, but syrups—which are so largely consumed in France—and jam are very generally adulterated. Out of thirty-nine specimens of syrup, twenty-four had been artificially colored, and were not, therefore, made from the fruits which they were named after, while nine were composed of substances deleterious to health. It is even worse with jams, for out of eighteen specimens fourteen were made principally from glucose, while much of the red currant jelly sold in Paris is made without currants, the jelly being obtained by the use of seaweed the color with fuchine, and the flavor with an essence made from acetic, tartaric, and other acids. Even bread, the consumption of which in France is estimated at sixteen thousand tons a day, is very much adulterated in Paris by damping the flour so as to increase its weight, mixing it with bean-meal, potato starch, etc., or adding to it deleterious compounds of lead, copper, zinc, sulphate of lime, and chalk. Out of thirty-one specimens of bread analyzed only thirteen were made of pure wheat flour, and in examining the composition of flour the spectrum analysis has been found of great assistance, as the presence of chemical components can be detected at once. Butter is even more generally adulterated than bread, for out of sixty-two samples only eleven were pure. When one remembers that the margarine manufactured in New York is equivalent to the quantity of butter which could be made from the milk of three hundred thousand cows, and that whole ship-loads of it are exported from Holland to Normandy, and sent thence to Paris as "best Normandy butter," it will be easy to understand why the report of the analysis is so unfavorable.

Sassafras in Rhus Poisoning.—Dr, Hinton (New York Med. Jour.) advises sassafras root in poisoning by rhus toxicodendron. He has used it upon himself, and in the cases of a great many patients, and prefers it to all other remedies. A strong infusion is made of red sassafras root, allowed to cool, and then applied frequently by means of cloths wet in it. Recovery may be expected within twenty-four hours.

Late tests by MM. Osmont and Witz lead to the conclusion that vanadic acid after treatment by hydrochloric acid gives a fine green, which is capable of being employed at once in dyeing, and with excellent effects.

LOCAL.

At the last meeting of the Chicago Medical Society, Dr. W. E. Clark, President, L. H. Montgomery, Secretary, Dr. R. Brown read a paper on "Concealed Insanity." Particular attention was given to the case of Mark Gray. This man had attempted to assasinate Edwin Booth at McVicker's Theater. He was declared insane and was confined two years. At the expiration of this time, he was declared sane by Judge Williams, although the Asylum Superintendent had expended all his resources to gain this happy result, a few strokes of a lawyer's pen were able to accomplish that which the patient endeavor of a cultured physician could not do in two years. Mirabile dictu! It was established at the trial that Mark Gray's father had died of dropsy four months after Mark's conception; that the dropsy was the result of cirrosis of the liver, which case was probably due to the abuse of alcohol. The child grew up possessed of inordinate conceit. In adult years, he became intemperate and drank heavily. About 1876 when he stopped drinking, he began to act strangely and manifested strange delusions. He fancied that he was a son of Booth and had been neglected by him. Laboring under this delusion, he attempted to shoot Booth. A somewhat similar case was cited, namely, that of Adelaide Robert.

Attention was called to the necessity of taking the matter of the discharge of criminal lunatics out of the hands of the judiciary and placing it in the power of men who had made a study of the subject.

The paper was discussed by Dr. J. G. Kiernan, who questioned the ability of the insane to conceal insanity.

After the discussion, Dr. G. Frank Lydston presented a paper, entitled "A Contribution to the Hereditary and Pathological Aspect of Vice."

Dr. W. S. Belfield read an extended paper on the recent progress in "Genito-Urinary Pathology and Surgery."

The article was discussed by Dr. C. T. Fenn, who moved that the thanks of the society be extended to Dr. Belfield for his able discourse.

After the conclusion of this last article, Dr. R. Park, on behalf of the Electrical Society, announced that he would read a paper on "Storage of Electricity," at the next meeting of the said society, January 15th, 1883, and invited the Chicago Medical Society to be present. The invitation was accepted.

Prof. N. Gray Bartlett, of the Chicago College of Pharmacy, has recently adopted a plan of issuing printed slips containing a syllabus of each of his chemical lectures. This departure has proven very popular among the students and materially lessens the labor of taking notes. The example of Prof. Bartlett is commendable, and a similar course among the teachers in medical colleges would doubtless meet with as much favor among the students under their instruction.

Scared to Death.—A negro died in the Louisville City Hospital recently from superstitious terror, as the medical attendants believe. To be sure, his physical condition was not good, but he could easily have been cured, in their opinion, except for the conviction that he was about to die. He did not tell in what way his fate was revealed to him, but he was not to be convinced that it could be averted. After four days in the hospital, during which he was able to walk around, he announced that his time had come, and lying down upon the floor, died almost instantly. "Scared to death," is the verdict of the doctors.

Death from Oil of Tansy.—A servant girl in Trenton, N. J., recently died from a dose of oil of tansy, taken probably to produce abortion. Post-mortem examination showed that she was not pregnant.

ORIGINAL CONTRIBUTIONS.

* *HYPERTONIA BULBI.*

BY EDWARD BOECKMANN, M. D.
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Allow me, gentlemen, in this lecture to call your attention to those chapters of ophthalmology, where a condition of increased tension of the eye-ball is concerned. Let us first agree upon the idea of hypertonia before I begin to examine the role which this symptom plays in different diseases of the eye.

That part of the eye, named the eye-ball or bulbus oculi, presents, for examination, I may say, a hollow globe, whose capsule is formed by an elastic membrane, and whose cavityis filled with fluid. Notwithstanding the less important fact that the bulbus is divided into two parts by a partition-wall,formed by the crystalline lens and zonula zinnii, yet the vitreous body, the aqueous humor and the circulating fluids within the eye-ball constitute "the fluid contents." These contents are, however, only partly fluid, the principal mass, the vitreous body, is an organized tissue, but contains so little solid matter and such a preponderating amount of water, that we may in this connection, without special error, consider the contents of the globe to be fluid. The capsule of the globe, which is elastic, is formed principally by the sclera, a small portion only by the cornea. Therefore, within the eye-ball there exists a certain amount of pressure upon the elastic capsule from the almost incompressible contents, and it is this pressure, which is known the world over as "intraocular" pressure, while "intrabulbar" would have been the exact designation. Besides this pressure from within, the elastic capsule of the eye-ball is placed under considerable pressure from without; first, from the eye-muscles, which are inserted into the capsule, and then from the eye-lids, which together with the muscles keep the globe pressed backward against the fat tissue padding the orbit. Therefore the capsule of the eye-ball is placed under a constant intra and extrabulbar pressure.

The intrabulbar pressure itself is not in reality the whole amount of pressure under which the capsule is placed; if it were, there could exist nothing but a capsule about the globe; thus the intrabulbar pressure does not indicate the so named tension of the globe; furthermore, two other points must be considered in this connection besides the intrabulbar pressure. The intrabulbar pressure will always keep the capsule of the globe strained to a degree corresponding to the peculiar elasticity of the membrane, and the extrabulbar resistance; this straining of the elastic capsule is what we understand by the tension of the globe, and which really depends upon three conditions, viz.: (1) the amount of the intrabulbar pressure; (2) the resistance of the capsule of the globe, and (3) the amount of the extrabulbar pressure.

I have specially called your attention to these facts, because I find they are not clearly demonstrated in the books, where it is taught that the tension of the globe depends upon two conditions only, viz.: (1) the intraocular pressure, and (2) the elasticity of the sclera.

The tension of the capsule gives to our fingers the sensation of a certain degree of hardness, and makes us thus able to physically judge of the existing pressure. For normal eyes the hardness that occurs and with slight variations always is the same, is designated by the symbols Tn; i. e., tensio normalis. If now the existing pressure on the capsule of the eye-ball is increased, either by the contents of the globe augmenting or the extrabulbar pressure increasing, the contents within the globe being normal and the intrabulbar pressure becoming relatively too great, then the increased tension of the same capsule will give to our fingers the sensation of a greater hardness than normal, providing the capsule does not dilate in the same degree as the intrabulbar pressure augments, or this decreases correspondingly with the increasing of the extrabulbar pressure. If this does not take place, then the tension of the globe is no longer normal; the eye-ball has become hypertonic, and we express this condition by T+ instead of Tn.

A hypertonic eye-ball is then a more than normally hard eye-ball, but it is to be noticed that by this augmented hardness we can not measure the degree of the increased pressure under which the eye-ball rests; for the capsule in the first place is not always of the same physical quality, and in the

* Lecture Delivered at the University of Christiana for the Degree of Doctor in Medicine April, 1882. Translated from the Norwegian through the assistance of my friend, Arnold P. Gilmore, M. D.

Dr. Boeckmann is temporarily in Chicago, Ill.

second place the elasticity of the capsule in the same individual undergoes material changes with increasing age. Now, when the harndess on the one hand depends upon the increased intrabulbar pressure and on the other hand upon the resistance of the capsule itself, which also includes the extrabulbar pressure, we can understand that an intrabulbar augmentation, which in the eye of an old person with an inelastic capsule will produce the highest degree of hardness, in the eye of a young person, where the capsule will dilate more readily, will perhaps scarcely cause any perceptible increase of the hardness of the eye-ball. Under such circumstances the young eye will be found to be somewhat expanded but not hard, the old eye hard but not expanded. By this I do not wish to be understood to mean that a young eye can not become hard under pathological conditions. We often find the youngest eyes to be very hard. In such cases the intrabulbar pressure has increased to such a degree that the capsule could not dilate proportionately. We know there is a limit to the expansion of all elastic membranes.

The proceeding proposed by Coccius in 1853 for the examination of the condition of the tension of the eyeball, is the one commonly employed to-day. He recommended the patient to close the eyes gently as in sleep, then he placed one finger of each hand on the closed lid over the medial and lateral part of the globe just behind the cornea and pressed alternately with each finger.

A certain amount of care is required in examining the tension of the globe. This everyone knows who is at all familiar with these tonometrical examinations. All spasmodic action of the muscles must be relaxed as much as possible in order that we may get the exact result of the true condition of tension. This fact is well known, and it is due to this circumstance that the examination is conducted with much difficulty by the beginner, and makes the examination of the tension of the globe not a very easy matter. It would undoubtedly be most advantageous to examine the tension, while the patient gazed vacantly in the distance. This method, however, is not practical. If a patient could, so to speak, sleep with his eyes, then the pseudo sleeping condition of the eye, recommended by Coccius would be excellent. Few patients have the ability. They drop the upper lid as in sleep, but contract the orbicularis. The sleeper does this at first, but upon falling into deep sleep the orbicularis is relaxed without the eyelids opening. The lids possibly are held together by the secretion of the Meibomian glands. From the efforts of the pseudo sleeper two results follow: the eyelid is firmer and the globe is under increased pressure from the action of the orbicularis. The novice is therefore in danger of discovering hypertonia where none exists. With the specialist or experienced this source of error can readily be avoided.

In most cases, it seems to me, to be best to direct the patient instead of closing the eyes, only to drop the upper lid by telling him to look down, and when he fails to understand this and looks down without dropping the upper lid, then to tell him to close his eyes gently, and after having placed the fingers on the points, indicated by Coccius, to tell him to open the eyes slightly. The beginner, I am sure, will find this method of examination the easiest.

This subjective method for examining the tension has not to this day been replaced by an objective one. Concerning tonometres, which have been recommended at different times, I will only cite, what seems to me a striking remark, made by Manthner, "that we in using the fingers have this advantage, that we can trust this instrument, while we do not know that the tonometer we handle is not worthless. Hypertonia is always a symptom of disease of the eye and always a symptom of the highest importance in the pathology of the visual organ. Just as the normal tension is a necessary condition for the life of the eye, a condition upon which the functional and organic integrity of the organ of sight depends, so is a hypertonic condition certain ruin for this organ if this hypertonia in due time does not give way to normal tension. The eye will not tolerate more than normal hardness for any length of time without suffering permanent and incurable changes, both in its function and its organization, in this respect the hypertonia has certainly an entirely mechanical effect. The augmented pressure acts by paralyzing and causing atropy of the nervous apparatus. It places the components of the eye, according to the degree of the hypertonia, in correspondingly bad condition for nourishment by hindering the free circulation of the nourishing fluids, and it disorgan-

izes also the organ by distending its capsule. Slight and changing degrees of hypertonia are of no importance to the physiology of the sight, because the elasticity of the sclera can accomodate such irregularities.

As the intrabulbar mass from one cause or another increases, so does the tension of the sclera, but this very tension serves to drive out the circulating fluids of the eye and restore the equilibrium. The eye is continually exposed to these physiological hypertonias, but they never go to any extent. It is hypertonia which depends upon local disease, which I intend to discuss after these general remarks. I shall speak of it as we find it in the various eye diseases and also of what importance it is in opthalmic practice. In the first place I shall call your attention to that form of hypertonia which is the result of extrabulbar causes.

I have laid great stress upon the fact that the globe is constantly under considerable pressure from without, and it is not difficult to prove it. If you will enucleate a stone-hard glancomatic eye-ball with all possible care, and examine it afterwards, or if you will examine the same globe after you have tenotomized all the muscles but not yet made the enucleation, you will at once notice how great has been the change in tension. The globe which before the operation was so hard has now become soft; T+ gives way usually to T÷ —. If you examine an eye with complete recent paralysis of the motor oculi, in which case four of the six muscles inserted into the globe are inactive and the globe consequently somewhat protruded, you can readily perceive that the tension of the eye is no longer normal, because its extrabulbar pressure is to a great extent lessened.

Leber has demonstrated experimentally that the column of mercury by manometrical examinations on animals, ascends every time the animal closes its eye-lids, also upon every movement of the eye; also upon convulsive contraction of the muscles of the eye.

In tetanus, after poisoning by strychnia, Adamuk found the pressure of the eye increased.

After what I have above cited it is, I hope, evident, that the muscles are not only concerned in the conditions of pressure when at rest, but when in action they will augment the tension of the globe. This degree of hypertonia, which depends upon the muscular action, is, as you understand, difficult to control; the examinations are conducted under the most unfavorable conditions. Judging from the experiments of Adamuk the pressure may certainly be considerable, and the experiments upon men, although imperfect, agree with this. The forced action of the eye-muscles is not without direct effect upon the fuction of sight. It is a well-known fact, that pressure upon the eye-ball, with the finger, for instance, produces an obscuration of vision. Any one can prove to himself, that the forced contraction of the orbicular muscle, which can hardly take place without accompanying action of the eye-muscles, produces the same phenomena. This obscuration, however, disappears very soon, when the pressure ceases.

Temporary blindness has been observed after long continued blepharospasm; there are five such cases in our literature, and I shall add to this the sixth v. Graefe described the first, Schirmer the next two and Leber the last two. My patient, a child aged two years, from the western part of Norway, had suffered for many weeks from a persistent blepharospasm due to phlictenular keratitis. Soon after the treatment began, the child was able to open its eyes. It was then apparent to both the mother and me, that the child could not have at most more than quantitative sight; it had no fixation and did not reach for things held before it, notwithstanding the fact that the eye did present any remarkable pathological appearance. Within a few days, however, the sight began to return, and after a couple of weeks the mother returned home with the child without being able to notice that the sight was to any extent insufficient.

Leber is in great doubt as to whether the mechanical explanation for the blindness in these cases, advanced by Græfe and Schirmer, is right. The two cases of Leber impressed him, as if they were suffering from amblyopia ex anopsia. He supposes. "that a persistent blepharospasm could never reach that degree where it becomes painful to the eye. The child will avoid this and the retinal circulation will therefore not be interrupted to any marked extent. If, notwithstanding, you suppose this possible, you would expect the result to be similar to what you know occurs in glaucoma. A

slight degree of increased tension for the duration of one month was sufficient, besides reducing the usual acuteness somewhat, to produce material changes in the eye, such as excavation and atrophy. This was observed in one of the five cases above mentioned; the objective state had always been normal and the external pressure could not have been so little, besides it had lasted for a long time since the faculty of sight was entirely destroyed." Leber remarks further, that the sight in these five cases first returned a long time after the blepharospasm was entirely cured and not as in glaucoma, immediately upon reduction of the tension.

According to the belief of Graefe and Schirmer I cannot understand otherwise than that the hypertonia produced by blepharospasm, in the above mentioned cases, was the direct cause of the blindness. You can scarcely compare this hypertonia with that which occurs in glaucoma, in producing an excavation of the papilla. That an increased intrabulbar pressure can produce an excavation and atrophy of the optic nerve is easy to understand. The lamina cribrosa, as the most relaxable part of the eye-ball, will be of course most influenced by the pressure; it will be naturally pushed out and the nerve fibres can be more easy atrophied, because they are pressed against the surrounding sharp scleral edge. Quite different is the condition in augmented extrabulbar pressure. I cannot understand how an excavation can result here. The forced contraction of the entire muscular apparatus of the eye will press the globe back firmer against the orbit, at the same time the bulbus will be compressed until the external and internal pressure counterbalance; the relative augmented intrabulbar pressure strains the capsule of the globe, the extrabulbar presses against it of course equally on every point, and how under such circumstances an excavation of the papilla could take place I cannot understand, just as appeared to be the fact in the above mentioned cases.

In regard to hypertonia superinduced by blepharospasm, you must remember, that the blepharospasm is not always present to the same extent; in sleep it is impossible for the pressure to exist to the same degree as in the waking state. The damage caused by the excessive hypertonia to the unction of the eye during the day, will be partly repaired by the relaxation of the blepharospasm during sleep, and in this way we can understand that a hypertonia of this kind must be of long duration in order to produce incurable alterations in the nervous apparatus. I do not doubt that a contraction of the muscles of the eye for a sufficient length of time would produce incurable blindness by atrophy of the nervous system of the eye. Graefe's case it seems to me, illustrates the point. The blepharospasm had existed eleven months, and not until three months after the recovery from the spastic state was the sight entirely restored, and it was three or four weeks before any evidence of vision existed. If the blepharospasm had lasted twenty-two months instead of eleven, it would have been a great question whether the child would have gotten his sight back again. If blepharospasm of eleven month's duration (with probable remission at night) can produce complete blindness for three or four weeks, it is without doubt possible, that a continuous blepharospasm of longer duration can destoy the sight entirely. To this dav, this form of hypertonia has caused only transient impairment of vision, and though interesting is not important to the sight.

[TO BE CONTINUED.]

DR. ROMANES tells a charming story of the father of the late Charles Darwin: "For the benefit of the district in which he lived, Dr. Darwin offered to dispense medicines gratis to any one who applied and was not able to pay. He was surprised to find that very few of the sick poor availed themselves of his offer, and, guessing that the reason must have been a dislike to become a recipient of charity, he devised a plan to neutralize this feeling. Whenever any poor persons applied for medical aid, he told them that he would supply the medicine, but that they must pay for the bottles. This little distinction made all the difference, and ever afterward the poor used to flock to the doctor's house for relief as a matter of right."

THERE are stated to be one hundred and eighty-nine thousand doctors in the world. Of this number sixty-five thousand are in the United States.

CORRESPONDENCE.

DEATH OF DR. J. FORSYTH MEIGS— UTERINE MYO-FIBROMA — LEPROSY—TROUBLE AT JEFFERSON COLLEGE — PAPER SOAP— ALUMINUM PROCESS— COLLEGE NOTES.

PHILADELPHIA, Dec. 27, 1882.

During the holidays there is some little lull in professional circles and college matters. This is the time when preparations by both professor and student are made for the coming trial in spring. It has been with deep regret that the profession has lost from the ranks of its workers, Dr. J. Forsyth Meigs. For nearly forty-five years Dr. Meigs has been in active practice, and his attainments have endeared him to a wide circle of friends. In 1857 he wrote and published "A Practical Treatise on the Diseases of Women and Children," which work has passed through many editions.

At a stated meeting of the Obstetrical Society of Philadelphia Dr. T. M. Drysdale reported a case of uterine myo-fibroma, and called attention to the difficulty and danger, when the tumor is large, of removing the uterine appendages. From his experience in the case, Dr. Drysdale teaches another lesson, namely, that when the soft variety of the above growth is encountered, the certainty of hemorrhage difficult to control is added to the other risks of the operation, and if the character of the tumor is recognized in time, and the presence of extensive adhesion determined, the safest plan for the operator to follow is to leave the tumor untouched and close the wound. In the discussion of the paper, Dr. Baer, while stating that the hazard in the operation could not be too strongly expressed, yet gave instances of recovery which had occurred under the most disadvantageous circumstances. In reply to Dr. Baer's questioning, Dr. Drysdale said that ammonium chloride in some cases of hard uterine tumors is remarkably efficacious in reducing the size of the growth, at times even removing them entirely.

The subject of leprosy is attracting considerable interest, especially now that among the immigrants from Norway a case will occasionally be found, and may be present, although rarely, in the practice of any physician. Even in so unexpected a quarter as Massachusetts, it may occur, as the following report shows: A case believed to be one of genuine leprosy has developed in the almshouse at Salem. The patient arrived from San Francisco a week ago. The disease is pronounced leprosy by a sea captain and a physician who was familiar with that disorder in Africa. A consultation of six leading physicians has been held, but they arrived at no decision. Derby, the the patient, is well educated, and was for several years at Honolulu as chief botanist to Queen Emma. He has been isolated and his clothing burned.

In regard to the unpleasant affair which happened at Jefferson College, there is this to be said: While there appears to be considerable indignation in certain quarters because graves have been robbed, the opinion of the intelligent community seems to be that it is a pity that matters could not have gone along as they were and no one have been the wiser. Every one admits that dissection is necessary, and in order that this be done bodies must be obtained somewhere. In one of the New England States for some time three parallel laws were in existence, which required that no student of medicine should be allowed to practice unless he had dissected one whole subject, that no bodies should be used for dissection except those of executed criminals; that capital punishment from this time forward should be abolished. There is considerable nonsense about these matters.

In a resume of twenty-five cases of abdominal section, Dr. J. Ewing Mears states that twenty-two operations were performed for removal of ovarian tumors, one was for encysted dropsy of the peritoneum, one for obscure abdominal dropsy, and one for extra-uterine fœtation. Adhesions were found in eighteen cases. In all but one case the pedicle was secured by a clamp. Drainage of the abdominal cavity was necessary in one instance. Antiseptic precautions in full detail were used in fifteen cases. In three cases menstruation from the pedicle occurred. In this number of cases death happened to four.

The ingenuity of Dr. Addinell Hewson is again attested by the production of a new form of soap. He has found that bibulous paper generally will absorb sufficient of a hot saturated solution of glycerine soap to answer the purpose in washing the hands or shaving. This form of soap

is desirable from many points. It is clean, not liable to contagion, cheap, and very convenient, especially when traveling.

The announcement has just been made that a new process has been discovered by which aluminum can be produced anywhere and in paying quantities. In answer to these assertions, John Platt, a gold and silver refiner says: That so-called cheap processes for making this metal have been discovered periodically in the last fifteen years, but that he has never seen any of them amount to anything. Aluminum is entirely obtained from the Aluminum Society of Paris, who make it from clay. Before the Franco-Prussian war it was said that it was made in England and Germany extensively, but when Paris was under siege it was found that the metal could not be obtained anywhere. No process has yet been found that can compete with the production of this society. Mr. Platt thought the new process spoken of could not be in operation, or the market would necessarily be affected. Aluminum is now worth $1.25 an ounce, troy weight, and not more than a ton a year is used in this country. It is the lightest of metals, and is used in various ways, in aluminum bronzes and what is known as aluminum gold, a union with copper. Dentists use it for making mouth-plates for teeth, and it is available for mathematical and some surgical instruments. A bar to its general use in manufacturing processes is the fact that it cannot be soldered and must be riveted."

Fom the amnual report of the Jefferson Medical College Hospital it will be seen that one thousand, three hundred and three patients were treated in the wards, and six thousand, six hundred and one patients in the out-patient department, making a total of seven thousand, nine hudred and four cases of all kinds. Dr. Austin Flint's lecture before the Philadelphia County Medical Society grew so popular, that the last one will be delivered in the amphitheatre of the Jefferson Hospital. The new wing for the University Hospital has been completed, and already the endowments are coming along, at the present time fifteen being assured. This wing will be devoted to incurables. Provost Pepper is doing energetic work. The new wing is a place where material can be obtained for extensive clinical instruction and is a valuable addition to the college resources.

C.

GRANADA, KANSAS, Dec. 14, 1882.

Editor of the Chicago Medical Review.

DEAR SIR:—Having been a subscriber to your journal since your first issue, I hope I will not impose by expressing my convictions on a few points. It seems to me American medical journals are trying to outdo each other in apeing everything foreign, especially if it be German. Have you forgotten all of you that America, not Europe, gave us McDowell, Gross, Sims, Thomas, Wood? These are but a few! Have you forgotten that the American Continent has given us some, if not all, of our best medicinal agents? Have you forgotten that it is our American experience with which we expect to cope with the diseases of our country? What if Koch has discovered almost invisible animalculæ under the highest powers of the microscope, does that cure consumption when we are told that "To kill the germs we must first kill the patient?" What help has Conheim's discovery of the migration of the white corpuscle been to us, when we have to fight inflammation? What care we for Ziemson's labored efforts on the cellular pathology of pneumonitis when his clinic shows a death-rate perfectly appalling? Is it fine-spun German transcendentalism we need in medicine or is it how to fight disease? Our patients ask, can you cure me? How our fine spun cell and germ theories sink before that all-absorbing question to both patient and doctor. We affirm, that if half of the work and research that has been used in this fine-haired cell business had been devoted to an effort towards the improvement of our therapeutical knowledge, it would have advanced our usefulness in the world. It seems to me that our journalists have gone beside themselves over Virchow, Billroth, Conheim, and a few more German headlights. How do their results compare in the benefit conferred on suffering humanity with our McDowell's achievements? I ask in all reason, isn't it about time to come back to the practical realities of disease at the bedside. Let us get away from the costly German medical observations, and look at grim Death in our own practice and use every effort in our power to stay his hand. Isn't it better to know that hot water will stop post partum hemorrhage, than to know that a white corpuscle may escape from a blood vessel? We do not object to the knowledge of

these abstract germ theories, but we do object to making them our medical God to the neglect of the more practical work of the science. If this is an intrusion, Mr. Editor, if I am unconsciously exposing my ignorance I am sorry, but it is what I think and a free confession is good for the soul. Yours respectfully,

JOSEPH HAIGH, M. D.

EXCISION OF CHANCRE.—At a stated meeting of the New York Academy of Medicine (Medical Record) Dr. Morrow read a paper on excision of chancre as a means of aborting syphilis. The conclusions reached by the author of the paper were substantially as follows: That the facts of clinical experience, as well as the deductions from analogy and experiments, were opposed to the theory of the local nature of chancre upon which the practice of excision was based. That the practice of excision of chancre as a means of aborting syphilis was condemned by the results of clinical observation. That in cases where secondary accidents failed to appear after excision there was no positive evidence that the result was due to an abortive influence of the operation. That there was no evidence that excision of chancre attenuated the syphilitic virus or modified the general symptoms of the disease. That it could not be recommended as a local adjuvant, because it was opposed to the principles of sound conservative surgery.

IN Liege a company has been formed to purify sewerage by filtering it through slag made in the manufacture of mild steel. It is said that the slags can afterward be made available as manure.

BOOK REVIEWS.

DISEASES OF THE RECTUM AND ANUS, by Charles B. Kelsey, M. D., New York. William Wood & Co., New York; W. T. Keener, Chicago. 1882.

Within the past few years, great advances have been made in the surgery of the rectum and anus. Many procedures which a few year ago were considered legitimate, have now been discarded, and conversely, many procedures are now recognized which formerly were unknown. As Dr. Kelsey states in his preface, these advances are scattered through the literature of this country and Europe, and are not in such a shape as to be accessible for the busy practioner. It has therefore been his aim to gather together and place consecutively these facts.

The book opens with practical points in the anatomy and physiology of the parts concerned, and then continues in logical order, with the various diseases of the parts, beginning with the more common malformations, and progressing to the various inflammatory affections, vascular diseases, prolapsus, the various growths malignant and non-malignant. In this connection it is to be noticed, that the chapter which discusses examination, diagnosis and operation is placed in the midst of the diseases.

The book is illustrated by fifty-two wood cuts, which serve the purpose of illustration, although they do not add to the appearance nor elegance of the work. A number of interesting cases are recorded which are suggestive.

RHEUMATISM, GOUT, AND SOME OTHER ALLIED DISORDERS, by Morris Longstreth, M. D., Philadelphia: New York: William Wood & Company. Chicago: W. T. Keener, 1882.

This book might well be called an encyclopœdia on rheumatism etc. The first and second chapters are occupied with a general consideration of definitions of the disease and its varieties. Dr. Longstreth defines rheumatism as a constitutional disease attended with febrile disturbance and with inflammation of other organs of the body, essentially of the connective-tissue group. This disease is not infectious. The inflammation does not lead to deposit of soda, does not lead to suppuration and is erratic or shifting in character; by many it is regarded as specific or peculiar, but its peculiarity is evidenced only by so violent an action leaving so little trace behind it. This definition will convey a fair idea of the character of the book. There is not throughout the whole of it that distinction nor personality which would be expected from its character. It has one great claim for favor in the fact that the views con-

cerning rheumatism in its every light are stated with impartial fairness, so that any one desiring the literature of the subject will find it. The chapter on treatment is very complete, recognizing as it does every form which has respectable authority. Twenty-five pages only are devoted to the discussion of gout. In the treatment of this latter disease, as, in fact, in the treatment of rheumatism, nothing new is advanced. The usually alterative and hygienic methods are advised. It is safe to say of Dr. Longstreth's work, that no one can go astray in following his teachings.

Physicians' Visiting Lists for 1883. Many firms are publishing lists which are not only serviceable, but elegant. The purchaser turns from one to the other, feeling scarcely able to tell which is the handsomest. Among the number worthy of special mention are The Physicians Memorandum Book, published by Joel Miner, of Ann Arbor, Mich, and Walsh's Physician's Combined Call-Book and Tablet, published by Ralph Walsh, Washington, D. C.

THE ARMY.

Official List of Changes of stations and duties of officers of the Medical Department U. S. Army, from December 12, 1882, to December 28, 1882:

Alden, Charles H , Major and Surgeon, now in St. Paul, Minn., to proceed to Fort Yates, D. T., and report to the commanding officer of post for duty. (Par. 3 S. O. 212, Dept. of Dakota, December 14, 1882.)

Bitt, Joseph H., Major and Surgeon will report to the commanding officer, Fort Omaha, Neb., for duty. (Par. 4, S. O. 134, Dept. of the Platte, December 21, 1882)

Brown, Justus M., Major and Surgeon, granted leave of absence for fifteen (15) days. (S. O. 118, Dept. of the South, December 11, 1882.)

Banister, J. M., Assistant Surgeon, to proceed to Camp on White River, Colorado, and report to the commanding officer. (Par. 7, S. O. 250, Dept. of Missouri, December 11, 1882.)

Hall, W. R., Assistant Surgeon, granted leave of absence for one month. (Par. 8, S. O. 250, Dept. of the Missouri, December 11, 1882.)

Kilbourne, H. S., Captain and Assistant Surgeon, granted leave of absence for one month, with permission to apply through Headquarters, Military Division of Missouri, for an extension of two months. (S. O 218, Dept. of Dakota, Dec. 21, 1882.)

Maddox, T. F. C., Assistant Surgeon, to report to the commanding officer, Fort Clark, Texas, for duty. (S. O. 138, Dept. of Texas. Dec. 16, 1882.)

Porter, J. Y., Captain and Assistant Sugeon, to proceed to St. Francis Barracks, St. Augustine, Fla., and to report to the commanding officer of that Post for temporary duty. (Par. 2, S. O. 119, Dept. of the South, Dec. 11, 1882.)

Reed, Walter, Captain and Assistant Surgeon, relieved from duty as attending surgeon Headquarters Department, of the Platte, and will report in person to the commanding officer Fort Omaha, Nebraska for duty. (S. O, 134, Dept. of the Platte, Dec. 21, 1382.)

Turrill, H. S., Captain and Assistant Surgeon, upon being relieved from duty at Fort Omaha, Nebraska, will proceed to Fort Fred Steele, Wyoming, and report to the commanding officer of that post for duty thereat. (Par. 5, S. O. 134, Dept. of the Platte, Dec. 21, 1882.)

Perin, Glover, Lieutenant Colonel and Surgeon, granted leave of absence for one month, from 19th instant (S. O. 217, Dept. of Dakota, Dec. 20, 1882.)

Wyeth, M. C., 1st Lieutenant and Assistant Surgeon, granted one month leave of absence. (Par. 4, S. O. 206, Dept. of Dakota, Dec. 8, 1882.)

BOOKS AND PAMPHLETS.

G. L. Austin, M. D., Boston. Water Analysis. A handbook for water drinkers. Boston, Lee & Shepard; New York, Charles T. Dillingham; Chicago, Jansen, McClurg & Co., 1883.

Charles H. Goodwin, M. D , New York The Hospital Treatment of Diseases of the Heart and Lungs, with over three hundred and fifty formulæ as exemplified in the hospitals of New York City. New York, C. H. Goodwin, M. D., 1883.

G. C. Pitzer, M. D., St. Louis. Electricity in Medicine and Surgery. First edition. St. Louis, Mo. 1883.

Annual Report of the National Board of Health for the year 1882. Washington, government printing office. 1882.

Charles Meymott Tidy, M. B., F. C. S., London. Legal Medicine, Vols. I. and II. New York, William Wood & Co.; Chicago, W. T. Keener. 1882.

Report of the Board of Managers of the American Hospital for Skin Diseases to the contributors, exhibiting the operations of the hospital from its foundation to the end of the second year, September 1, 1882. Philadelphia. 1882.

Fourth Annual Report of the State Board of Health of Illinois. Springfield, 1882.

L. Duncan Buckley, A. M., M. D., New York. Analysis of Eight Thousand Cases of Skin Disease. Reprinted from the Archives of Dermatology, Vol. III, No. 4, 1882.

Chicago Medical Review

PUBLISHED ON THE FIRST AND FIFTEENTH OF THE MONTH.

E. C. DUDLEY, EDITOR.
CHARLES H. LODOR, ASSOCIATE EDITOR.

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VOL. VII. No. 2 CHICAGO, JANUARY 15, 1883 $2.00 A YEAR.

FROM SEMI-MONTHLY TO WEEKLY.—The publishers' announcement on advertisement page number 13, and their prospectus on advertisement page number 14, specify in detail the character and extent of the proposed change, from semi-monthly to weekly, in the publication of this journal. The editors congratulate not only the profession but also themselves upon the facilities and advantages that will be afforded to the Review under its new business management. Messrs. J. H. Chambers & Co. have such extensive business relations throughout the greater part of the union as will enable them rapidly to increase its already large circulation among the best class of physicians. This will secure for our contributors the attention to their communications of the greatest number of intelligent and appreciative readers; their well-known liberality is a sufficient guarantee that everything will be done on their part to attract to the pages of this journal the best talent in the profession.

For the material assistance and encouragement which has been extended to the editor by many members of the profession and by other journals at home and abroad he returns his thanks. He can in no way more forcibly welcome his future associate, Dr. D. C. Gamble, of St. Louis, than by asking for him a share in the same courteous treatment.

RETROSPECTIVE.—In justice to those who have contributed to the editorial department of this journal, the editor takes this occasion to place on record a statement which shall approximately show by whom the editorial work has been done since the establishment of the Review, three years ago. During the first year and a part of the second Dr. Dudley, the present editor, supervised the whole literary work of the journal, and wrote by far the largest portion of all that appeared in the editorial department, although at this time, especially in the first few months of the year 1880, he received valuable editorial contributions from time to time from members of the editorial corps who usually wrote in their respective departments. Among those to whom he is thus indebted are Drs. E. C. Spitzka, Christian Fenger, H. Gradle, S. V. Clevenger, H. M. Bannister, Wm. E. Quine, E. W. Sawyer, Harvey W. Wiley and M. D. Ewell. During the years 1881 and 1882 the editorial management and writing, in accordance with a contract of the publishers, has to a very great extent been delegated to others. Dr. James G. Kiernan, during the eighteen months previous to last September, wrote most of the editorials and reviews, and was much of this time in responsible charge. Since September this place has been filled by the present associate, Dr. Charles H. Lodor.

THE ABOLITION OF COMPULSORY VACCINATION is the object of an international league whose headquarters are in London. It has on its committee quite an imposing array of names, most of which are the names of medical men of varying degrees of consequence. Undoubtedly they are serious in their aims, and although it will be the common verdict that their course is a bad one, yet they will doubtless succeed in producing considerable evidence in their favor. But all this evidence does not prove their point. The fact that cases may arise in which vaccination produces evil results is not adequate evidence against it. As there is a soul of good in things evil and a soul of truth in things erroneous, so very generally there is some evil in things good. In the correspondence department of this number is published a letter from the secretary of this league, which may be of interest as showing something of the attitude of such organizations as this seems to be.

THE PROPER VEHICLES FOR ABSORPTION.—Dr. Vegier has observed as the result of a series of researches he has made on this point, that lard is the best fatty vehicle when medicinal absorpcion is desired, vaseline coming next and glycerine next (Med. Record from the Gaz. Hebdom.) Glycerine, therefore, is a poor vehicle when cutaneous absorption is desired, but an excellent one when we wish to limit absorption. Perhaps, therefore, it would prove useful as a vehicle for certain parasiticides, especially those which might, if absorbed, produee disagreeable results.

THE LUNACY LAWS IN THIS STATE, said to be framed out of respect for the liberties of the people, furnish striking illustrations of the misfortune of liberty, when given in excess or directed into wrong channels. Our state compels all commitments of the insane to be based upon conviction of insanity by jurv trial. The trial must be in open court so that regardless of the form of insanity, the patient and his friends must be subject to the indignity of having the history of the case be it vulgar, profane, or obscene, wholly exposed to the mob which from gross curiosity may generally be found in court on "insane day." A case in point was relalated to the editor by Dr. Kilburne of the Elgin Asylum. An educated and refined young lady whose family occupy good social position, was married to a gentlemen of equal standing. She was at the time of marriage totally ignorant of all marriage relations, and was accordingly so much shocked and mortified by the revelation that she developed the delusion that her relations to her husband were those of the most degraded prostitute. The fact that the lady was insane was proved by the highest authorities in the State, and yet her friends were compelled to place her on the prisoners' dock, before an ignorant jury made up of the first half-dozen men who could be drawn from among the loafers on the street. The court room was full of boys and vulgar men, who having heard of the case were present in the exercise of their rights as free American citizens. The whole history of the case was brought out. The patient's delusion appeared to this "bullwork of English liberty," the jury, to be a just complaint, and the patient was acquitted. The same result occurred in a second trial. If we are to have trial by jury let us have a jury of men capable of judging. If matters of the greatest delicacy must be exposed let them be exposed only to the proper officers. A more sickening outrage than this law imposes upon the insane and their friends could hardly be devised by the most malicious

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THE PERIPHERAL AND CENTRAL ARRANGEMENT OF THE OPTIC-NERVE FIBRES. —Dr. Bull in the New York Medical Journal, says that Ganser's paper upon the above ("Arch f. Psych.," xiii, 2) is based upon a series of experiments carried on upon kittens. His

method of experimentation consists in taking a kitten about three days old, enucleating an eye, and then introducing a sharp pair of forceps through the optic tract of the same side close to the median line. If this succeeds, the crossed bundles of fibres of both eyes, the uncrossed of the left, provided the mutilation be upon that side, and the entire inferior commissure will be destroyed, and only the uncrossed bundle of fibres of the right eye will remain intact. These experiments he has repeated a number of times, and careful examination afterward convinced him that the animal only saw with the temporal half of each retina. An opthalmoscopic examination showed white discoloration of the inner half of the optic disc of the remaining eye. He concludes from his observations that in the cat the uncrossed optic-nerve fibres in the chiasm and nerve run in an isolated bundle along the external border of both nerve and chiasm, so that they slightly conceal the crossed bundle on its dorsal aspect. Between the two their exists only a very small zone of mixed fibres. The uncrossed bundle in the cat consequently forms a real fasciculus lateralis, as described by Hannover. In the retina the result is similar. The nerve fibres spread out exclusively in the temporal half, while in the nasal half a complete atrophy of all nervous parts involving both nerve fibre and ganglion-cell layer, results from these experiments.

Pneumo-uria.—Under the title pneumouria, Dr. E. L. Keyes in the Medical News has recited the history of a few cases which are rare and interesting. The question of gas being passed from the bladder along with the urine is not so improbable when the decomposition of the fluid is considered; but in one case at least it seemed that nothing but pure air was passed. It was suggested that this air was due to the introduction of a catheter. A French physician, Mallez, has made the statement that the escape of air from the bladder is not uncommon. If this be true it is at least rarely published, since we are informed that there are very few cases on record. This article will perhaps stimulate other observers and something more definite may be gained from the comparison of cases. While the sources of various gasses in the bladder may be readily imagined, it is difficult to understand how air could get there, except through a catheter or a fistula or a penetrating wound.

Nymphomania and Hemorrhoids.—At the late meeting of the Medical Society of Arkansas (Medical and Surgical Reporter) Dr. William H. Hardison related a case of nymphomania, which caused a respectable young married woman to masturbate and to so deport herself as to cause the greatest family unhappiness. All drugs were powerless to relieve her. It was finally discovered that she was afflicted with very sensitive hemorrhoids, fissure of the anus and constipation. Operation and attention to the bowels so thoroughly relieved her that she almost went to the other extreme.

Peroxide of Hydrogen.—In a recent communication to the British Medical Journal, Mr. Kingselt announces (Medical Record) a new preparation which he calls, unfortunately, by the apparently proprietary name of "Sanitas" oil. It is, he says, an organic peroxide which will continually yield peroxide of hydrogen to water on being placed in contact therewith. If placed upon moist surfaces, it keeps them in an atmosphere which is claimed to be of an extremely antiseptic character. Its slow and constant action, together with the great antiseptic intensity which many times exceeds that of the aqueous peroxide, offers, the discoverer says, peculiar advantages. Much is hoped for it as an agent for inhalation for pulmonary troubles, as well as a local application for wounds and ulcers.

Skin Grafts from a Rabbit.—In a report upon the recent progress of surgery (Boston Medical and Surgical Journal) Dr. H. A. Beach records the following: Dr. Lamallerie, of Paris, has recently employed grafts from the skin of rabbits to excite cicatrization in the human subject. The patient had suffered for six years from a varicose ulcer of the leg, which had resisted various sorts of treatment. Six bits of skin from the belly, previously shaved, of a rabbit, and two from the skin of the human forearm, were grafted on the surface of the granulating ulcer, with the proper antiseptic precaution. At the end of eight days the pieces of skin from the rodent had taken root and were growing, those from the man had not. After eight days more an island of new skin was to be seen, ten centimetres long and seven wide, in the centre of the sore. The healing went on to complete cicatrization, and the newly-formed epidermis evinced no trace of its lowly origin.

Puerperal Peritonitis with Metastatic Abscesses.—The Medical and Surgical Reporter relates the case of a young lady, seventeen years of age, who entered the service of M. Empis, at the Hotel Dieu, with all the signs of puerperal peritonitis. She was confined fifteen days previously, and had presented no sign of fever or other trouble until a day or two previous to her entering the hospital, when she commenced to suffer from abdominal pain and fever. When seen she was in a state of extreme prostration, the abdomen tympanitic and painful on pressure. The lochial discharge was fetid, the temperature 104°. Five days later the patient died suddenly in syncope. At the autopsy a small quantity of pus was found in the peritoneal cavity. The uterus was very large and its cavity transformed into a vast purulent surface. Small metastatic abscesses were found in the lungs, spleen, and several in the columnæ carneæ of the heart.

The Review would remark that these metastatic abscesses are not uncommon in puerperal pyemia, and they are the cause of the fever. They are very insidious in their origin, and frequently have existed for some time without producing much evidence of serious trouble, when all at once the patient has what is vaguely called puerperal fever, and dies. Doubtless some of these cases might be saved by early irrigation of the endometrium with a mild solution of carbolic acid, repeated every few hours, according to the temperature.

Impacted Body in Auditory Canal.—Dr. Albert H. Buck (Medical Record) relates a case of impaction of a locust bean in the external auditory canal and the removal of the foreign body by displacement forward of the auricle and cortilagenius meatus. The outer shell of the bean is as hard as ivory, and Dr. Buck found it difficult to penetrate it with the dental engine even when considerable counter pressure was employed. Therefore, after exhausting the usual means for extracting foreign bodies from the ear passages, he made an incision through the soft parts and cartilaginous tissues of the external ear and removed the bean by traction. The parts healed readily.

Blows on the Ear.—Several correspondents of the British Medical Journal direct attention to the exceedingly dangerous and injurious mode of punishment by blows upon the side of the head. Dr. Dalby calls attention to the fact, that a number of evil results may follow; first, total paralysis of audition may occur simply from the shock to the delicate nervous apparatus within the ear. Again, the tympanic membrane may be ruptured; furthermore, acute inflammation of the middle ear may result from such violence. Cases are recorded in which children have lost their lives from extension upwards of the inflammation to the meninges of the brain.

Chloral in Albuminuria.—Dr. Thomas Wilson, British Medical Journal, records two very interesting cases of albuminuria, which apparently were cured by the use of chloral alone. In the first case it was accidentally noticed that the quantity of albumen decreased in the urine after each dose of chloral. In order to ascertain whether the beneficial results obtained were due to the chloral, every medicine was stopped. The patient grew rapidly worse, and the quantity of albumen rapidly increased. Chloral was resumed, and under its influence, the amelioration of the symptoms was evident, and in time there was complete recovery. In the second case a similar result was obtained. While these two cases are not sufficient to establish any principle, yet the results were so marked as to call for investigation.

Test for Iodoform.—The Medical Record, quoting from the Berliner Klin. Woch., says that in a prolonged discussion on the utility and disadvantages of iodoform, at a recent meeting of the Berliner Medicinische Gessellschaft, Dr. Steinauer had occasion to make some practical suggestions. Iodoform, he stated, when applied locally was always absorbed, though very slowly, and its action was a cumulative one. Hence it was advisable to remove the dressing after five or six days, and substitute some other antiseptic agent, as carbolic acid, thymol, or salicylic or boracic acid. Iodoform appears in the urine in the form of iodine, in combination with an alkali. Its presence can readily be determined by adding nitric acid and starch to the urine, and shaking the mixture, when the characteristic blue color appears. We have thus a simple means of estimating the amount of iodoform absorbed, and can judge whether danger of poisoning exist or not. The lethal dose in man is difficult to determine. In animals it is stated to be as follows: Guinea pigs, thirty grains; rabbits, forty-five grains, and dogs, one drachm.

Fracture from Muscular Contraction.—Dr. James Collins (Medical Bulletin) records a rare case of fracture of the humerus from muscular contraction. The fact is thus stated: He threw, what is known in base ball parlance, an underhand ball, by which the ball, by a peculiar twist of the arm, is sent to the bat with great force, and as the ball approaches it suddenly deviates from a straight to a curved line. This mode of throwing or pitching is done by a different motion from that of ordinary throwing. Immediately after the delivery of the ball he heard a distinct snap, similar to breaking a dry stick; this was also heard by some of his comrades. His arm fell helpless to his side, causing great pain. On admission to the hospital, the upper fragment overlapped the lower fragment anteriorly. There was no difficulty in reducing the deformity or approximating the ends of the fragments. This case is noted as an extremely rare accident, showing that muscular contraction in the mere act of throwing a ball may cause a fracture. Examination of the patient showed that he was of somewhat slender physique, but quite muscular. Neither history of bone disease, syphilis, nor tuberculosis was obtainable. The man was in good health.

Influence of Intra-bronchial Pressure.—The Medical Record contains an article on the influence of intra-bronchial pressure upon the circulation. Professor Sommerbrodt states (correspond. für Schweizer Aerzte) upon the strength of a number of experiments made by himself that rapid respiratory movements, inhalations of compressed air, speaking in falsetto, or any other act which causes an increased pressure of air within the bronchi, will give rise to dilatation of the blood-vessels and acceleration of the heart action. He explains this effect as due to a reflex loss of tone of the vasomotor system, consequent upon irritation of the pulmonary nerves. The purposes served by this

arrangement are thus set forth by the author: First. It contributes to the freer blood supply of the muscles. Muscular exertion causes deeper respiration, and thus in turn increases the rapidity and volume of the circulation. Second. It promotes the rapid excretion of waste material through the kidneys. Third. It serves to regulate the temperature of the body by reason of the increased peripheral circulation. Fourth. It guards against the dangers of venous engorgement, which is the first result of intra-bronchial pressure, by the compensatory arterial dilatation and increased cardiac action.

Female Medical Students.—The disturbance at Kingston, Canada, is passed, owing to the determination of the students and the substantial aid given by a rival school. The result is that no more female medical students will be allowed in the college. Those who have already matriculated will continue their course and receive private instruction from the faculty. When there are so many excellent women's medical colleges it seems strange that women do not prefer to go to them, rather than to subject themselves to such useless and foolish martyrdom.

Investigating the Muscular Sense.—The Medical Record contains the results of experiments made by Mr. Francis Galton upon the muscular sense of various classes of individuals. He used weights, the object being to find what difference could be detected by the persons handling certain weights. These are provisional results, subject, of course, to correction, but surprising enough for all that: First, Intellectully able men had more discriminating power on the whole than women of a like cast of mind. Second, Men, as a rule, had a greater ability of estimating accurately than women. Third. What appears strange is that women of very sensitive natures did not seem to be more capable of distinguishing between various degrees than their more callous sisters. Fourth. What is stranger still is that the investigator says he found the blind, as a whole, were not peculiarly sensitive to the test, but rather the reverse. Some of the gentlemen in charge of our public institutions might profitably employ their leisure on such inquiries. The facts would be probably of unexpected importance.

Treatment of Pulmonary Diseases.—Mr. H. Osborn Bayfield suggests (British Medical Journal) that the use of inhalations of volatilized palm oil may be useful in the treatment of phthisis. He bases his opinion upon the fact that workmen engaged in tinning where palm oil is used as a flux, inhale the volatilized oil and get fat. Those previously emaciated or weak rapidly improve. The fact is a suggestive one. Relative to the above we add the following use of olive oil: Dr. W. Thorton Parker, in the Medical Times, calls attention to the value of this oil in chest diseases. He states that Prof. Von Giett uses olive oil in the following manner: The patient's chest is first thoroughly bathed in olive oil, slightly warmed; then a strip of clean, old and soft shirting, saturated with the oil, is placed around the chest. This dressing is covered with dry cloth. This is a good application where warmth is required, and inunctions of olive oil are valuable aids in preserving or increasing nutrition.

Leucoderma.—At a recent meeting of the New York Dermatogological Society (Journal of Cutaneous and Venereal Diseases) Dr. Piffard exhibited a case of leucoderma in a negro boy. The parents of the child were full-blooded negroes. Seven or eight years ago a white spot appeared upon the abdomen of the patient, followed by similar spots on the legs. Later additional white patches appeared. The boy is well developed and there appeared to be no anomalies of skin secretion or function.

Removal of the Sternum.—Dr. Beach in the Boston Medical and Surgical Journal makes a report of the recent advances in surgery, in which he states that Professor Konig, of Gottingen, related a case of removal of the sternum, and exhibited the patient, after recovery, before the surgical section of the German Association. The bone was removed on account of a sarcomatous growth. In the course of the operation both the pleural cavities were opened, also the pericardium, the growth having become adherent to that membrane. The wound was dressed antiseptically, and the only disturbance following was some dyspnœa for a short time. Upon removing the first dressing at the end of twelve days one of the flaps was found gangrenous, and the heart surrounded by pus. The healing process was slow but sure.

Abdominal Surgery and Antiseptics.—In the British Medical Journal, October 28th, will be found an article by Lawson Tait, which he read before the British Medical Association. It contains a statistical account of one hundred consecutive cases of ovariotomy performed without any of the Listerian details. Of these cases but three died and one of these deaths was due to accidental suffocation. Mr. Tait attributes his success to the total abandonment of the clamp; to the adoption of Keith's method of treating the peritoneum; to the adoption of Koebule's and Keith's method of cleansing the peritoneum; to increased personal experience; to diminished proportion of cases which had been frequently tapped; to the complete abandonment of the use of carbolic acid, or any other so-called antiseptic system, both during the operation and in the after treatment; to hospital discipline and hygiene established on the best known principles.

Can it be that after all of our enthusiasm about the Lister method we are finally to confess that it is not only useless but harmful? This is hardly possible. At least it has taught the profession one important lesson, i. e., the distinction between surgical cleanliness and esthetic cleanliness. The former meaning the reverse of that which could infect the patient. The latter the reverse of that which offends the senses. It is probable that such men as Keith are surgically clean if they are not Listerian.

It is a melancholy fact that the American Medical Weekly must fill its columns with a humorous account, a whole page long, of the consumption of a wagon load of patent medicines by a tribe of Indians. This was in place in the New York Times, whence the article was taken, but it is a question whether it belongs in a scientific periodical, such for example as the Weekly.

Caffein for Hypodermic Use.—The Medical Record, quoting from Schmidt's Jahrbücher, states that the ordinary preparations of caffein are unsuitable for hypodermic use, because of their slight solubility in water. The so-called acetate and lactate of caffein are in reality not salts, but merely solutions of caffein in acetic and lactic acids. The salts formed with the inorganic acids are unstable, and not adapted for subcutaneous use. The fact that this substance exists in coffee in the form of a double salt of caffein and potassium, in combination with an acid resembling benzoic, cinnamomic and salicylic acids, led Dr Tauret to prepare similar combinations. He found that caffein united readily with benzoate, cinnamomate or salicylate of soda, forming a double salt readily soluble in water. The salicylate contains sixty-one per cent. of caffein, and has been injected subcutaneously without causing the slightest irritation. This is important as bearing upon the matter of the nausea so often associated with headache, which make it desirable to administer the caffein in such manner that it will readily be absorbed.

Warm Water in Jaundice.—The Lancet states that Mosler has employed with great success the injection of a large quantity of warm water into the large intestine in catarrhal jaundice. The experiments of Rohrig have shown that such injections have the effect of increasing, for a considerable time, the secretion of bile, and Peiper showed that the bile was thus rendered more diffluent. While the amount of water in the bile was increased, that of solid matter was lessened. About six hours after the injection the solids rise in quantity above the normal and the water falls below it.

Test for Albumen.—Dr. A. W. Abbott (Medical Record) gives the following procedure as a delicate test for albumen: "Pour a few drops of urine gently down the inside of a glass vessel containing acidulated water at the boiling point. If albumen be present a more or less dense cloud will form just at the dividing line between the fluid tested and the pure water below. As the contrast in opacity is between the clear water and the milky albuminous cloud, the test is very delicate, one-twentieth of one per cent of albumen making a very perceptible clouding. It has all the advantages of the ordinary heat and acid test, and Heller's nitric acid test. It is even better than the latter in a cloudy fluid, as in urine with urates in excess, because the clear water above makes a perfect medium in which to detect the faintest cloud, while the layer of coagulated albumen in Heller's test may be entirely obscured by the opacities in the fluid itself. If no test tube or nitric acid is at hand, pour boiling water into a tumbler, empty, re-fill, acidulate with vinegar, and proceed as before. While this is a modification of the heat and acid test it has the advantages of being applicable under all possible circumstances, whether special apparatus is at hand or not. It is as convenient and accurate in the farm house as in the laboratory."

Quinine in Colic—Dr. Derby says, in the Record, that "ten grains of quinine given in the early stages will prevent an attack of intestinal colic, or administered at any stage will speedily affect a cure." Sometimes? Perhaps?

Inunctions in Pregnancy.—Dr. William C. Burke, Jr., in the New England Medical Monthly claims that inunctions of vaseline or sweet lard applied upon the abdominal walls greatly relieves the distress from distention, and frequently prevents the formation of lineæ albicantes.

Lead Poisoning.—The Birmingham Medical Review records the case of a dressmaker who was suffering from marked symptoms of lead-poisoning. For a long time it was impossible to discover the source of the toxic agent. Accidentally it was discovered that as silk thread was sold by weight it was sometimes saturated with sugar of lead. The dressmaker was in the habit of holding the threads in her mouth and had observed the sweet taste. Pure silk is almost tasteless.

Prune Stones in the Intestines.—Prof. Fuerbringer, deutsche med. Woch, relates the history of a woman who was admitted into the hospital in June, suffering from alleged syphilis. The diagnosis had been made on account of a monstrous ring of inflamed varix nodules studded with ulcerations, within the anus. There were bed sores, involuntary thin evacuations and dyspeptic symptoms, including marasmus. A finger introduced into the rectum encountered a hard, sharp-edged body. Ninety-eight prune stones were removed immediately, and the next day one hundred and thirty-seven. Last October the patient, while suffering from hunger swallowed a large number of prunes with the stones. The operation of removal was performed eight weeks later with perfect recovery.

Prolapse of the Funis.—The following is the substance of an abstract of a paper by Schlüter, who gives in the Am. Jour. Obst, a résumé, mainly historical, but in part critical, of what is at present known concerning this anomaly. Schroder's views in regard to therapy are upheld, though the author also mildly assents to Olshausen's opinion. The only valuable portion of this little thesis consists of a table of cases observed at the clinic of Halle from 1870 to 1879. Sixty-five instances of prolapse of the funis were recorded. Of this number forty-three, sixty-six per cent, resulted in a living child. In twenty-five cases of head presentation, version and immediate extraction were resorted to. Twenty infants were thus born alive.

In one case the fœtus had died before this manipulation was begun, hence subtracting this, the children saved amounted to eighty-four per cent. Eleven breech or foot presentations, with ordinary extraction, resulted in eighty-two per cent living children. In eleven cases of reposition three still-births were observed, hence seventy-three per cent alive. The forceps were applied nine times, with seventy-five per cent saved. In seven cases spontaneous birth took place, the number of living children amounting only to fourteen per cent. Perforation had to be performed in six out of the whole number of sixty-five cases. Only in one case did the death of the mother occur. This was due to eclampsia. The course of the child-bed was invariably satisfactory in the remaining four cases. In conclusion, the author repeats the somewhat antiquated warning that quick decision and prompt action are very desirable in prolapsed funis, and it is intimated that it was owing to these that the results obtained at Halle were so good.

The Michigan fœtus in utero appears to have unusual enterprise, since, according to the report of a reliable physician in that state, it cries before it is born.

Amyl Nitrate in Infantile Convulsions.—The American Journal of obstetrics publishes the following abstract: In a communication to the London Lancet, Dr. Bridger relates five cases of infantile convulsions, successfully treated by inhalations of amyl nitrate. The first was a case of cerebral abscess in a boy three years old. The convulsions had been severe and prolonged, but yielded perfectly to amyl nitrate, which was floated on mucilage, and inhaled on the least sign of a fit. In the second case a boy of six, suffering from tubercular meningitis, had been in almost constant convulsions for two or three days. The similar use of amyl nitrate was followed by marked improvement, the twitchings almost entirely ceased, and the child had some hours of sleep. The drug was discontinued on the fourth day, as the increased dose which had to be used caused much panting. Cases three and four were very young children, aged respectively five and nine months. The convulsions in both cases were traceable to dentition, and both yielded perfectly to the inhalations. Case five, a child one year old, suffering from typical spastic rigidity, the history pointed strongly to dentition as the cause. The rigid flexion of the fingers and toes loosened, as by magic, during the inhalation of the drug. They, however, returned later, and the case passed from under observation. He refers to other similar cases successfully treated by the same agent. He thinks it so safe a remedy that its use as an inhalant may be left in the hands of people of ordinary intelligence. He further says, that in the convulsions of children this drug seems to combine in itself the temporary usefulness of chloroform inhalation, and the more lasting effects of such drugs as the bromides. Of course it is only treatment directed to the relief of a symptom, and therefore simply an adjunct to the rational treatment of a morbid state, but this sympton often causes death by asphyxia.

Bromine Poisoning from Mother's Milk.—Prof. Kaposi (Abstract Am. J. Obst.) "reports the case of a child which is interesting, not only from a practical clinical standpoint, but deserves consideration from its general pathological teaching. The patient, a girl, nine months old, was brought to his clinic with an eruption which the mother said had begun fourteen days before, and which was spreading still. On the cheeks was a tuberculo-pustular eruption, which was immediately recognized as a severe form of bromine acne. To the question, when and how much bromide of potash the child had taken, the mother answered that the child had taken none, but she herself had taken it. She still nursed the child. Here, then, was a case where a nursing child was diseased with a most intense bromine acne, caused by the presence of the bromine salt in the mother's milk. The mother had not taken the drug for two weeks, but it was at that time the child's trouble began, and it had increased since. The mother had no sign of eruption herself. Kaposi adds a few words about treatment. Almost any method may be used, and provided the bromide is removed from the system, or in other words, no more is taken into the system, the eruption will get well. But the large pustules, the tubercles, the ulcerating points, all leave scars behind them. To avoid this Kaposi claims that the use of a well-adhering emplastrum hydrargyri is indicated. In very small children, to prevent salivation, this may be modified by making it a plaster of equal parts of emplastrum hydrargyri and emplastrum saponis."

A Dental Infirmary has just been projected, in which it is proposed to furnish opportunities for clinical instruction in dental surgery. The new move in which some of our leading dentists are interested, if successful, will do much toward establishing dentistry as a special department of medicine. With this end in view, professorships of dental surgery have been established in the various Chicago medical colleges. There is no reason in the constitution of things why an educated physician practicing dentistry should not be regarded in the same light as if he were engaged in any of the now recognized specialties. The only difficulty in the way of the immediate reorganization of dentistry as a specialty in medicine is that at present too few dentists have received the medical education.

Novel Method of Committing Suicide.—Dr. MacLeod, in the British Medical Journal, relates several cases where determined efforts were made by the insane to commit suicide by crowding strips of flannel down the pharynx so as to impinge upon the epiglottis. The peculiarity noticed in these cases, was that they each used so small a wad that more than a general examination would be required to discover the cause of death.

Restoration After Freezing.—Laptchinski has made a series of very careful experiments upon dogs to determine the best means of resuscitation after freezing. His results have important bearing in the resuscitation of people who are almost moribund from cold. Of twenty animals treated by the method of gradual resuscitation in a cold room, fourteen perished. Of twenty placed at once in a warm apartment, eight died, but of twenty placed immediately into a hot bath, all recovered.

Fatten the Nervous System.—This is the advice of Dr. Clouston, of Edinburgh, Scotland, who says: "All acute mental diseases, like nervous diseases, tend to thinness of body, and, therefore, all foods and all medicines and all treatments that fatten are good. To my assistants, nurses and patients, I preach the gospel of fatness as the great antidote to the exhausting tendencies of the disease we have to treat, and this is the gospel for nervous people-

LOCAL.

The College of Physicians and Surgeons has about one hundred and fifty students.

This time it is the Warden at the County Hospital and not the visiting staff that is in trouble.

A meeting of the South Side Dispensary staff will be held on the afternoon of Tuesday, January 30th, at three oc'lock.

Dr. W. E. Casselberry, a former pupil of Morell McKenzie, has been elected to the staff of the South Side Dispensary, throat and chest department.

Rush Medical College has a class of about one hundred less than last year, but what has been lost in numbers is said to have been gained in quality.

Dr. E. L. Hollister, house physician at Mercy Hospital, has leased an office on the corner of Michigan avenue and Twenty-second street, where he will soon engage in general practice.

Rush Medical College has created a special chair of Laryngology, and Dr. E. F. Ingalls has been elected as professor of Laryngology. Dr. D. R. Brower has been elected as lecturer on Practice of Medicine, and Dr. S. J. Holmes to be lecturer on Morbid Anatomy. These appointments will secure to the college the services of three men, whose attainments and ability qualify them unexceptionably for their work.

The last regular semi-monthly meeting of the Chicago Medical Society was held January 8, Dr. J. H. Hollister in the chair. The meeting was one of more than ordinary interest.

The first paper was read by Dr. Chas. W. Purdy on "The Clinical Diagnosis of Bright's Disease."

Dr. Roswell Park read a paper on the "Primary Antiseptic Occlusion and Treatment of Gunshot Wounds."

The third communication was on the subject of the "Diagnosis of Consumption by the Microscope." It was presented by Dr. H. Gradle and Mr. H. Woltmann.

Dr. Purdy's paper upon Bright's Disease was discussed by Dr. J. H. Hollister, who suggested that the subject of the pathology of kidney lesions offered a wide field for study. He also called attention to the fact that serious nerve lesions are consequent upon renal affections. He asked Dr. Purdy to supplement his paper with another upon the therapeutics of the disease. A vote that the paper be accepted, was carried.

Dr. Park's very ably advocated the antiseptic treatment of wounds. He stated that attention had been slowly drawn to this matter. Sometime ago it had been observed that wounds of both of entrance and exit healed at times under a scab, and during the Turko-Russian war, still further observations were made. The speaker stated that the treatment of wounds should be antiseptic from the outset. That in wounds from small arms, the surgeon should either occlude the opening with proper material or should disinfect the track of the ball and resort to drainage. Great stress was laid upon the absolute avoidance of all interference with the wound either by probing or with the finger, as the immediate closure of the wound by blood coagulum is thereby prevented. In cases of joint wounds, any rough manipulation or even any handling was dangerous. Of twenty-eight cases of gunshot wound of the knee, of this form, four treated by the non-interference plan from the outset, recovered with movable joints. Of the rest, all died but one. Statistics were given to show how exceedingly fatal all interference proved, and how well patients progressed when no probing of the wound was done. Each of the large joints was taken up in turn, and the results gained by the treatment advocated was shown to be

uniformly good. Often it became necessary in treating joints to remove more or less bony structure of the joint, in order that good drainage be obtained, but nothing like amputation or resection was necessary.

The following rules were given for the treatment of gunshot wounds: The sooner that the wounds of entrance and exit are antiseptically occluded, the better the prospect for life and limb. In the majority of cases, no exploration for the projectile, of any kind, should be made, but if the nature of the wound seems imperatively to require it, the search and all operative measures should be postponed until they can be done under thoroughly aseptic precautions, and the wound will then require to be drained. In cases of gun-shot fractures either of shafts of bones or joints, the conditions should be made to resemble those of subcutaneous injuries. This can be done only by primary antiseptic occlusion. In extensive lacerations, as by explosion of shells or bombs, primary occlusion may be out of the question, but the parts should be dressed aseptically at the earliest possible moment.

Reference was then made to Garfield's wound and Esmarch's criticism of the treatment was endorsed.

Dr. Lester Curtis related a case where a piece of plate glass had remained near the shoulder joint of a man for nearly two years.

Dr. Wm. E. Clarke reported a case of his where a splinter had buried itself in the flesh. Nothing was done and recovery from the wound was rapid. Similar cases were mentioned.

Dr. Park closed the discussion and said that the policemen here in Chicago should carry a pledget of antiseptic cotton to temporarily close wounds. Dr. Hollister thought the "let alone" treatment would be very efficient and advantageous at times, especially where injuries occured in the palm or foscia of the hand or foot.

The paper of Dr. H. Gradle and Mr. H. Woltmann was on the examination of the sputum of cases of suspected pulmonary consumption with the microscope. Koch, finds that there is a parasite invariably to be found in the sputa, in cases of consumption occuring in man. These "baccilli" do not occur in any other disease; it may, however, be artificially developed in cattle and rabbits.

The Committee of the American Medical Association will meet at the Grand Pacific Hotel, in this city, on Wednesday of this week, to consider the desirability of changing the publication of the association's proceedings, and probably to perfect arrangements by which a weekly journal shall be started for this purpose soon after the next meeting. The outlook for the enterprise seems excellent. Dr. N. S. Davis, chairman of the committee, reports that the responses returned to him in reply to the circulars of inquiry which were sent out last summer, show that the profession is at least quite generally in sympathy with the project, and there seems to be no good reason why it should not succeed, if a proper editorial and business management can be secured.

Surgery of the Shoulder.—Dr. W. J. Conklin, in the American Journal of the Medical Sciences, January, 1883, reports a case of periosteal osteoid sarcoma of the humerus. Amputation at the shoulder joint was performed. There was a recurrence of the disease, which necessitated the removal of the scapula entire and the outer extremity of the clavicle. Four months after the operation there was no return of the disease.

Fissured Nipples.—Monti recommends (La Practician) that the nipples should be annointed with a freshly made solution of gutta-percha in chloroform, just enough of the latter being added to make the solution fluid. This forms a protecting pellicle, which does not come off after nursing.

ORIGINAL CONTRIBUTIONS.

IODOFORM.

Its Uses and Modes of Application.

BY DR. JUNIUS C HOAG.
House Surgeon, Mercy Hospital, Chicago.

The use of iodoform in the treatment of wounds has become so general in all departments of surgery, and has been attended with such satisfactory results that its most enthusiastic advocates, having boldly introduced it into the peritoneal cavity, now declare that it need not, for reasons of prudence, be withheld from any tissue of the human body, as its application is perfectly harmless and unattended with danger. But a knowledge of the experience of other less enthusiastic writers is sufficient to inculcate considerable caution, and lead one to be constantly on his guard lest the poisonous action of the remedy be developed.

Iodoform having been used more extensively in Germany than elsewhere, we find its advantages discussed at great length in the current German periodicals. Since its use has been advocated by eminent gynæcologists who have employed it with apparently astonishing success, there have appeared in the journals devoted to gynæcology many articles concerning its applicability, but none of these journals have given more extensive and useful reviews of the experiences of those who have employed the remedy most frequently than the Centralblatt für Gynäkologie (May 6, 1882,) which has discussed the subject of iodoform dressings from a gynæcological standpoint. We take advantage, therefore, of these contributions to place the subject before the reader, who can make his own deductions, for the German writers have certainly differed most widely in their views regarding the applicability and safety of a powerful and, we believe, useful medical agent.

A. Von Mosetig-Moorhof has had an experience with iodoform dressings extending over a period of three years. He always uses the substance in the form of a fine powder, and for three reasons: First, because it is more economical; second, because it can be applied more effectually to all parts of a wound; and third, because he fears that in a crystalline form it would produce sufficient irritation to prevent a ready union, the crystals acting as foreign substances. In applying the powder care must be taken to introduce it into all the depressions and irregularities of the wound, but only a thin layer should be applied, in order that union by first intention be not prevented or delayed. In deep wounds he covers the surface with a layer "as thick as a knife-blade." To fill up the entire cavity of a wound is superfluous and even injurious. In the largest wounds he never applies more than sixty grammes, while ordinarily he uses from twenty to forty grammes. To apply the power he uses a spatula or, better, a sand-box. If the wound is not easily accessible he uses a blow-pipe to introduce the powder. For fistulæ he employs the iodoform pencil, made with one part of butter of cacao, to nine parts of iodoform, or with two parts of gelatine to eight parts of iodoform. These pencils may be made of any length and thickness desirable, and the ones made with gelatine have the advantage of being flexible, while those of cacao are stiff.

For the injection of iodoform into canals an etherial solution has been proposed by Bidder, but Von Mosetig-Moorhof prefers an emulsion with glycerine. For parenchematous injections he uses a syringe especially adapted to this purpose.

Before the application of iodoform is made the wound should be cleansed with pure water, for he regards the addition of carbolic acid as unnecessary. When it is desired to exert a light pressure upon the surface of a wound in order to fill up a cavity he uses iodoform gauze in the form of tampons.

Contrary to others who prepare the iodoform gauze by dusting the powder on ordinary gauze, or by adding colophonium, glycerine, etc., Von Mosetig-Moorhof uses only moistened iodoform gauze without any addition. Prepared in this way it has the advantage of being more pliant and contains from thirty to fifty per cent. of iodoform. The dressings should be lightly applied, and care should be taken to secure adequate drainage. The gauze should be applied directly to the wound; over the gauze comes a layer of cotton lint without any antiseptic, then a piece of gutta percha protective, which extends a little beyond the other dressings, is applied, and finally the whole dressing is secured by

the prepared organtin* bandages. Such a bandage should be allowed to remain as long as possible, but when after a period of freedom from fever, presently the fever returns the dressing must be changed. Saturation of the dressing, pain and itching are only relative indications for a change of the dressings. A few days after the first application of the dressings an aseptic fever sometimes occurs, while the general condition of the patient is unaffected. This is to be regarded as a resorption fever which will last only three or four days if the dressings are removed and the wound cleansed. When the dressings are changed the wound should be gently sponged, and if the iodoform is exhausted more may be added, though this is generally to be avoided. Von Mosetig-Moorhof has never had a case of septic poisoning while using the iodoform dressing, and erysipelas has seldom complicated a case.

Although iodoform is resorbed as rapidly as excreted, and is found in all the organs, Gussenbauer found no iodine in the placenta which was taken away after abortion from a woman who had been treated with iodoform. From this fact it may be reasonably concluded that the application of iodoform is not contraindicated by the existence of advanced pregnancy. Since Billroth found iodoform so useful in laparotomy, and since Von Mosetig-Moorhof has applied it with remarkable success to the pleural cavity, the latter writer thinks it may be safely applied to any of the tissues when the aim is to secure antiseptic effects.

Von Mosetig-Moorhof regards iodoform as a specific in its local effects in the treatment of tubercles and fungoid growths. He regards the remedy as possessing a certain remote action on internal diseased processes, for he finds that patients suffering from tuberculosis of the lungs gain strength remarkably, while the physical condition of the lungs remain the same. The anæsthetic properties of iodoform are of special value in surgery to allay the pain which is felt immediately after the patient is operated upon.

Levschin has made known one of the latest achievements of the iodoform dressing. His reports are of peculiar interest to the gynæcologist, because he employed iodoform in four successive cases of ovariotomy without the occurrence of any symptoms of poisoning. The quantity of the medicament used was very considerable. The surfaces of the wound where the incision was made, and the place where the pedicle was ligated, were in each instance covered with a thick layer of the powder, and besides this every surface on the omentum and bowels from which adhesions were separated, indeed every place in the peritoneum which was touched by the fingers or instruments was covered with iodoform. The powder was rubbed into the ends of the ligatures and sprinkled over the external wound, over this came pieces of Lister's gauze, a Neuber's pad, and a large sponge with which to exercise stronger pressure. Of these four cases of ovariotomy, the course of the sickness in three was without relapse, free from fever, and the wounds healed under a single bandage, which was replaced in from sixteen to eighteen days by a simple adhesive plaster. In one of the cases the operation was very difficult, since the cyst had adhered fast to the surrounding surfaces, and many short, firm adhesions had to be cut off and tied. When the cyst was punctured the fragile walls gave way and a quart of the suppurating contents flowed into the abdominal cavity. In the fourth case the patient developed a parametritis.

With Schede's notable essay on iodoform poisoning a reaction took place against the use of iodoform such as has seldom in recent times been directed against a remedial agent. The writer employed iodoform so often on account of its strong antiseptic property and its presumptive saftey, that for a long time in his department a typical Lister dressing was scarcely used, and only iodoform in large quantities was applied. Experiences of the saddest kind have taught him to recognize in iodoform an agent whose contact with wounds may indeed be borne by many without injury, but which in some persons exerts a most deleterious influence.

There is an idiosyncrasy with respect to iodoform which renders it such a dangerous poison to some persons that it often occasions no sort of symptoms to indicate the necessity of other treatment. In other and numerous cases the poison seems to have a cumulative effect, so that poisoning is developed without warning and with greatest violence, and then the immediate

*Organtin is a substance which is being largely used at the present time in Germany, but the nature of whose composition is not generally known. It, however resembles plaster of Paris in setting firmly as it dries.

removal of the agent is often unsuccessful in averting the fatal result. Schede's experience with the iodoform dressing extends to several hundred cases. He establishes several degrees of poisoning as follows: First. Light cases with elevation of temperature to 40°, aseptic fever, with general condition undisturbed. The fever begins either with the first application of the dressings, or repeats itself with each change. Second. In other cases, with or without fever, there seems a depressed state of mind, pain in the head, anorexia, a taste of iodoform in the mouth, and increased frequency of the pulse. He saw these conditions begin, for example, after the treatment with iodoform of uterine carcinomata removed by the scraping operation. Third. Extreme frequency of the pulse, both in children and adults, with a transitory fever or none, while the general health may be good. Such a condition as this may be developed after the iodoform has been well borne for weeks. Fourth. The frequency of the pulse is accompanied by corresponding elevation of temperature. This condition is distinguished from septicæmia by the temperature, which seldom falls below 40° for weeks at a time, by the clear intellectual faculties, moist tongue, aseptic condition of the wound and by the negative results of section. Fifth. Speedy collapse after severe operations, with a good, strong pulse immediately following the operations. Sixth. Mental disturbances which wear off partly in the guise of acute meningitis and partly advance as actual mental disease. After such experiences Schede thinks that iodoform dressings should be used with extreme caution. He holds that it is not allowable to fill up large, recent wounds with iodoform, because it permeates the tissues and in case of danger cannot be gotten rid of. Such danger is less, however, in granulating wounds. Dangerous poisoning may be developed from small wounds, as was observed in a case of amputation of the cervix uteri. As for the gelatine pencils which he regards as indispensible in certain cases, he has seen very little evil follow their use. Iodoform, he thinks, offers less protection against erysipelas than does carbolic acid.

Hoeftmann has reported two interesting cases of iodoform poisoning. The first was in the person of a woman who was operated on for carcinoma of the breast. After the operation twenty-five grammes of iodoform was sprinkled on the wound, the drainage tubes were covered with from five to ten grammes in addition and a Lister dressing was applied. On the second day the patient's pulse was 110, there was jactitation, screaming, vomiting, acute mania and retention of urine, which contained carbolic acid, iodine and albumen. The dressing was removed and a Lister dressing substituted. The patient's condition remained the same until the ninth day when she died, the wound remaining perfectly healthy until the last. The second case was one of ovariotomy. After the operation twenty grammes of iodoform was used and a Lister dressing was applied. On the second day there was jactitation, a pulse of 140, with temperature 38.9° and respiration 32, abdominal pain and contraction of the pupils. On the third day there was delirium, iodine and a little carbolic acid appeared in the urine, and the patient died the same evening. In the abdominal cavity there was found from fifty to sixty grammes of dark fluid, and the appearances of a beginning peritonitis. These were the only cases of iodoform poisoning in one thousand cases treated with iodoform at the Konigsberg clinic, while erysipelas as good as disappeared.

Konig collected thirty-two cases of poisoning. He was at first in favor of the use of iodoform as a universal antiseptic. He now employs it with great caution, but still regards it of extreme value in its place. It is not possible, he says, to establish a maximum dose, but he thinks that severe poisoning can scarcely be produced by less than ten grammes. If iodoform be used in greater quantity the condition of the heart, brain and kidneys must be carefully examined, and the urine must be tested for iodine salts, nitric acid and chloroform, being added to he uriner which throws down the salts.

Kocher is a strong advocate of the use of iodoform, but, unlike most others, regards it as a weak antiseptic. He also takes the ground that the poisoning which occurs from its use is not identical with that of iodine, the symptoms much more closely resembling those of chloroform. He would much prefer the use of subnitrate of bismuth in dressings, as uniting all the advantages of iodoform without its danger.

I myself have a few words of testimony with regard to the action of iodoform, having watched its effects with some care during my services in Mercy Hospital, as

well as elsewhere. In the treatment of wounds and ulcers, I have always sprinkled it lightly over the surface and then applied antiseptic dressings, prepared with carbolic acid. The iodoform is irritant enough to excite granulating surfaces and give them a healthy appearance. It is well nigh insoluble, but takes up the discharges very well, so that the wound generally presents a fresh, clean-looking surface.

I have never been able to discover that any great relief from pain is secured by its application, while on the contrary, patients have often complained of very severe pain lasting several minutes. This was notably so in a case where I applied it after the removal of a breast for carcinoma, the pain being so great that I soon discontinued its use. Another case in which no small amount of pain was experienced by the patient, was that of a man with a large chancroidal ulcer who really suffered excessively for several minutes after the application of the powder. I have indeed often observed that pain of a severe burning character is apt to follow the application of iodoform to the glans penis or mucous surface of the prepuce in such cases.

I have very often substituted for the powder an ointment containing about ten per cent of iodoform, the application of which I have never found painful. I have never observed any constitutional symptoms, for I have always used it sparingly, and have rarely allowed the dressings to remain longer than three days. To conclude my own experience, which has been considerable, especially in the treatment of painful lacerated wounds, I may say, that I do not esteem iodoform more highly than many other less expensive and less odorous remedial agents, boracic acid for instance.

One does not have to read much of the current literature to satisfy himself that the iodoform question is still an open one, but as its use is constantly and rapidly extending, there will soon be a vast bulk of testimony, both for and against its use, from which it will be an easy matter to draw more satisfactory deductions. Meanwhile we are not dependent on its use, though there can be no doubt that it is a useful agent, the application of which, in moderate quantities, to external wounds, is, at least, unattended with danger.

HYPERTONIA BULBI.

†BY EDWARD BOECKMANN, M. D.
BERGEN, NORWAY.

[Continued from last number.]

In spite of the improved method of treatment made in the last decade, conjunctivitis blennorrhœca still belongs to the dangerous affections of the eye, and many eyes afflicted with this disease, although carefully treated, are at the present time lost, and especially those which are inoculated with a virulent infection.

The reason why these diseases are so dangerous for the eye (through corneal complication) is generally supposed to be due to a destructive quality of the secretion itself. Therefore, the principle object of the treatment is, to render the secretion harmless, by the use of caustics and antiseptic medicines, and carefully to remove the secretion as soon as it accumulates.

I have not the temerity to say that the blennorrhœic secretion itself can injure a healthy cornea, and that it is necessary for it to have a defect in the epithelium through which it shall receive infection. I only know this, that I have been surprised to find how often a slight entropium of the underlid exists in such affections. But I do by no means insist upon it that the corneal complications are first due to a traumatic origin and afterwards become infectious or mycotic.

If an eye, suffering from a severe attack of blennorrhœa, becomes complicated with corneal trouble, I can easily understand how this complication leads so rapidly to the loss of sight (by the destruction of the first optic medium of the eye). As follows: The capsule of the eye-ball is placed under a considerably augmented extrabulbar pressure, because of the great tumefication of the lids, and accompanying blepharospasm, the eye-ball is made hypertonic, and the nourishment of its capsule is consequently more or less impaired. The cornea, the most important component of this capsule of the globe concerned in this disease is furthermore impoverished by the enormous swelling of the conjunctiva bulbi, producing great pressure on its proper nourishing vessels, the anterior

* A lecture Delivered at the University of Christiana for the Degree of Doctor in Medicine. April, 1882. Translated from the Norwegian through the assistance of my friend, Dr. Arnold P. Gilmore of Chicago, E. B.

† Dr. Boeckmann is temporarily in Chicago, Ill.

ciliary arteries. No wonder, then, that the corneal trouble, under such circumstances, rapidly increases, and that the cornea is so often literally dissolved.

On account of both the entropium and the hypertonia I have, for a number of years, begun my treatment in all severe forms of blennorrhœa conjunctivæ, by dividing the external canthus, to preserve the cornea from traumatic effects and to relieve the existing pressure; and at the same time, by this operation, to facilitate the escape of the purulent secretion and to render the topical applications less difficult.

It is my aim, by these canthotomies, to prevent complications in blennorrhœic diseases, and for this purpose the operation is of great therapeutical importance, if, notwithstanding,corneal complications already exist or should develope, the operation is none the less important, for it is a fact that a hypotonic cornea resists the effects of maceration better than a hypertonic one.

My experience concerning canthotomy is certainly not very great. I have altogether treated about one hundred and fifty cases of severe blennorrhœa in children, besides a number of cases in adults. I never lost a case when consulted during the uncomplicated stage, and I have often seen wonderfully happy results follow in apparently desperate cases of suppuration in the cornea. I never saw any evidently "gonorrhœa-affected" eye lost, although the prognosis for this affection is always made with great circumspection.

The division of the external canthus is not new; these camthotomies are frequently done, but how? Arlt, who seems to dread this operation in children on account of secundary hœmorrhages, performs it in adults by making a single cut one centimetre long in the external canthus. In spite of this procedure, by which he claims to obtain both quick local depletion and relief of the pressure on the globe, he lost many eyes. But, I ask, what can this master expect from an operation so performed? Certainly a little depletion, but, indeed, not relief from the pressure on the eye-ball. Every eye-lid has, as you know, its insertion in the external ligament, but disregarding this, the orbicular muscle at this place is more than one centimetre wide. Now, with one cut, Arlt at most frees but one lid, and in adults by one cut, one centimetre long, only partially frees this. It is impossible to relieve the globe from the great pressure, unless the insertion of the other eye-lid is also divided. Two cuts are, therefore, unavoidable, and these two cuts must be properly made, and this is difficult unless the patient is anæsthetized or the speculum employed. If you do not make use of one or the other, you will often find it necessary to cut four or five time before you obtain the desired result.

This little operation is attended with too many technical difficulties to become popular for general practice; therefore, I will call your attention to another method of procedure which partially, at least, can replace the canthotomy in relieving the impeded circulation, I mean, massage of the eye-lids. This latter method I usually make use of with canthotomy and also alone, when canthotomy seems to me to be unnecessary. A few minutes of the massage treatment will cause the tumefaction of the lids to subside in a remarkable manner, and, at the same time facilitates the local treatment by making the lids more pliable and their eversion easier. This eversion is, if not impossible, always difficult in proportion to the degree of the tumefaction. This rubbing of the lids may be repeated with advantage several times a day.

I have already mentioned that in my treatment of blennorrhœa conjunctivæ I cannot trust this anti-tonic treatment alone. I cannot disabuse my mind of the suspicion that the blennorrhœic secretion itself may possess qualities which can be pernicious to the normal cornea, and I therefore always make use of Graefe's caustic treatment with nitrate of silver (which I cannot too freely praise), at the same time I profit by the late developments in antiseptic treatment with boracic acid.

I believe that in the treatment of blennorrhœa by canthotomy, by nitrate of silver applications, and by applications and compresses of boracic acid solution, one does not run the risk of losing many eyes.

This treatment can not be popular; the massage must substitute canthotomy and the caustic treatment give place to the aniteseptic compressions, and lotions of boracic acid; the compresses must be applied directly over the rima palpebrarum, that the secretions may escape as soon as it is formed.

What I have said about conjunctivitis blennorrheica, applies equally to croupous corjunctivitis. Even in conjunctivitis diph-

thetritica I should not hesitate to feely divide the external canthus.

Diseases of the cornea frequently do cause hypertonic conditions of the globe by reason of that blepharospasm which is present in different degrees as a symptom in irritative keratitis.

It is principally the phlyctenular keratitis of children, which produces the most persistent spasms and that of the highest degrees. Such children do frequently keep their eyes tightly compressed during weeks and even months, and furthermore they increase this extrabular pressure by pressing their hands against the eye-lids and boring their heads into the pillows. In this state you never fail to find the very annoying and painful excoriations in the external canthus, which act as additional causes for the continuaton of the blepharospasm.

If, as before said, the blepharospasm causing hypertonia is of no functional importance, still it is of sufficient importance as regards the local affection, on which it depends.

It is an acknowledged surgical law that an increased pressure or tension in inflamed organs has a very unfavorable influence, and reacts upon that process on which the increased tension depends, and that no better means can be found to shorten this inflammation and bring it to an end than to relieve the pressure and re-establish a more free circulation. Not unlike is it with the cornea. If this is suffering from phlyctenular troubles, and if persistent blepharospasm is produced, then follows likewise a hypertonic globe; the cornea is compressed, its circulation is impeded, the duration and the further progression of the disease is favored and for a tissue so important to sight as a transparent cornea, this may occasion destructive and irreparable changes.

In those diseases of the cornea, in which a higher degree of blepharospasm exists, the recovery will be very slow, if you do not attempt by treatment to bring the nourishment and the circulation of the cornea to a better condition. In cases where the blepharospasm is not too great and even in a number of more marked cases the treatment by atropine is usually sufficient. Atropine has been proved to have a decidedly favorable influence in such affections of the cornea, when the irritative symptoms, blepharospasm, photophobia and lacrymation, are in the ascendancy, but not for the reason, that atropine has any direct effect upon the cornea, far from it, but because for the eye atropine is an excellent narcotic, a local anesthetic, probably on account of its paralysing effect on the accommodative apparatus. The pains are relieved, the photophobia and lacrymation decreased, the blepharospasm relaxed and the cornea recovers without the necessity of any other direct therapeutic measures.

But this is not always the course; the blepharospasm persists, the keratitis also, the atropine does no good, rather the reverse, by poisoning the conjunctiva, which at this time is usually suffering from what we call catarrhus tumidus.

Any one who has seen the benefit derived from a well-performed canthoplastic operation can scarcely doubt what the chronicity and the obstinacy of these diseases is dependent upon. Even the second or third day after such an operation, the blepharospastic patient will come and courageously look his physician in the eyes, and without further treatment the improvements will generally progress from day to day.

The canthoplasty is an excellent operation, but, notwithstanding its superiority it is not very often performed, because we have an excellent and less harsh treatment for these kerato-conjunctival states, namely, the atropine excepted, with nitrate of silver and Pagenstecker's yellow ointment, but one would willingly give the patient an operation when it can be done without harm, and when medical therapeutics have failed. I have sometimes first tried, and not unsuccessfully, to lessen the pressure of the eye-lids on the globe by forced distention with the fingers or with the elevator of Desmarre's, before performing canthoplasty. This last operation is the radical means, and you can by this operation certainly shorten the course of the disease and give to the cornea the greatest possible transparency, while, deferring the operation will only expose the patient to more opaque obscurations of the cornea.

I have not the time to address you longer upon these hypertonic states of extrabulbar causes. You perceive that they are of sufficient importance for the practical occulist. They are satisfactory indeed to treat, and they are of daily occurrence in the clinic of every actively engaged occulist.

[TO BE CONTINUED.]

CORRESPONDENCE.

THE DANGERS OF ANIMAL VACCINATION.

To the Editor of the Medical Review:

SIR: Since the public enquiry by order of the Local Government Board into the vaccine fatalities at Norwich (the report of which has just been issued) most persevering efforts have been made by the competing purveyers of animal vaccine in England and Belgium to proclaim the speecial advantages and immunities of the new cultus. It is taken for granted that the arm to arm system owing to its liability to convey terrible constitutional diseases along with the cow-pox, is doomed beyond recovery, as it is now admitted that no amount of care and experience on the part of the practitioner can suffice to guard against these perils. We have, indeed, the authority ef Dr. Worlomont, that a syphilitic vesicle presents an appearance "perfectly irreproachable." It appears, however, to be scarcely so well known, that the evidence of cases of suffering following the use of animal lymph are in no respect less conclusively established than those now admitted to be inseparable from what Dr. Worlomont entitles the "classic" system of vaccination. Besides such wholesale vaccine catastrophes as that in Georgia, U. S., detailed in the Echo, and other journals, where over five hundred persons were disabled, I may mention the fact not generally known, that one of the vaccine cases at Norwich was found by Dr. Collins to have arisen from the use of calf lymph obtained from the government establishment at Lamb's, Conduit street, London. Dr. Hubert Boens, a distinguished physician and author of valuable works on Variola, etc., writes that he has "recently laid before the Belgian Academy of Medicine the history of one hundred and twenty-nine subjects vaccinated with eighty points of vaccine, furnished by Dr. Worlomont (for many years the chief of the government calf-lymph establishment at Brussels), many of whom have since presented symptoms, both local and general, of having been poisoned by putrefying matter. Several Belgian medical men (he says) have detailed to me similar occurrences." Evidences of a similar character, verified by photographs of the afflicted children, were laid before the International Anti-Vaccination Congress at Cologne, by the various delegates, and fully confirm the opinion set forth by Dr. Seaton, in his Hand-Book of Vaccination, page 337, that "so far from being likely to produce fewer ailments and cutaneous eruptions in the predisposed, he knows from his experience that animal lymph would, as being more irritating, produce more." This prediction of Dr. Seaton's is borne out by ten years' experience in bovine vaccination in the United States, where cases of injurious results are so numerous that bills are, I am informed, now in preparation to be shortly introduced in the legislative assemblies of Ohio and Connecticut, rendering medical practitioners liable in damages for the injuries caused by the Jennerian prescription, and Dr. Pigeon, of Fourchambault, is pressing a similar measure in the French Chambers. I am, sir,

Yours respectfully,

WILLIAM TEBB,

SEERETARY INTERNATIONAL LEAGUE FOR OBTAINING THE ABOLITION OF COMPULSORY VACCINATION.
7 ALBERT ROAD, REGENT'S PARK, LONDON, ENG.,
December 25, 1882.

ST. LOUIS, Jan. 12, 1883.

Dr. E. C. Dudley:

DEAR DOCTOR:—It is a gratification to me that arrangements have been made by which we are to be associated in editorial work. Within the last few years medical journalism in the United States has undergone many changes, and I am disposed to believe that the journals with which we have been severally connected have had no little share in the general elevation of the standard of journalism in the West. The new weekly starts out, it seems to me, under the most favorable auspices, and I think the work of editing it will be one that we shall find both pleasant and profitable. I trust that the acquaintance thus formed by the agency of the journal will ripen into personal friendship, and that we shall have opportunity for interchange of courtesies which will be alike pleasant to both. Yours fraternally.

DR. D. C. GAMBLE.

[The editor takes the liberty of publishing the above personal letter].

MAGGOTS IN FECES.—A correspondent of the British Medical Journal writes of a case where scybalous masses were passed swarming with maggots. The origin of these last was doubtless due to the eating of butter contaminated with them.

A man calling himself Dr. Henry A. Lüders presented a diploma of the University of Gottingen to one of the members of the State Board of Health. The usual affidavit, with fee, was sent to the office at Springfield, but owing to some irregularity in it, the certificate was not given. Upon investigation it was found that Dr. Lüders had died some time ago in his native place, Riffenboück. The imposter has escaped arrest by leaving the State. Already thirty-one individuals, falsely swearing themselves to be graduates of foreign universities, have been detected and exposed, and driven from the State by the State Board of Health.

Transposition of Some of the Viscera.—Dr. T. S. Sozinskey (Med. and Surgical Reporter) relates the history of a case of transposition of the heart and liver. The apex beat of the heart was found on the right side below the fifth rib, and to the left of the line of the nipple. The liver was found on the left side. Dr. Sozinskey is of the opinion that the stomach, intestines, etc., are likewise transposed. The spleen appeared to be in its usual position. A preserved specimen of this sort may be found either in the Yale Medical College Museum or in the Long Island College Hospital.

Brassicon.—The following is the formula of a compound which has long been in use in the province of Kiew, Russia, as a remedy against headache (New Remedies). It is composed of oil of peppermint, thirty grs.; oil of mustard, volatile, six drops; camphor, ten grs.; ether, sixty grs.; alcohol, one hundred and eighty grs.; tincture of peppermint (or melissa) enough to impart color.

"Now in Vienna they're first rate at diagnosis; but then, you see, they always make a point of confirming it by a post-mortem."

Diphtheria.—Dr. W. McCrea, in the Australian Med. Gazette, delares of diphtheria that it is a local disease, and if not prevented from spreading by local application, there is little chance, according to his experience, of internal remedies giving much assistance. It would hardly seem possible that the influence of this far distant land could so affect diphtheria as to make it essentially a local disease, but there is no telling what so much distance may do.

THE ARMY.

Official List of Changes of stations and duties of officers of the Medical Department U. S. Army, from December 28, 1882, to January 8, 1883:

McKee. J. C., Surgeon, to report on or before January 1, 1883, to the commanding officer at Fort Winfield Scott, Cal, for assignment to duty as Post Surgeon. (Par. I, S. O. 197, Dept. of Cal., Dec. 28, 1882.)

Gorgas, W. C., Assistant Surgeon, relieved from the temporary duty to which assigned under Par. IV., S. O. 140, Dept. of Texas, and will report to the commanding officer at Fort Brown, Texas. (Par II., S. O. 140, Dept. of Texas, Dec. 25, 1882.)

Hopkins, Wm. E., Assistant Surgeon, granted leave of absence for two months, to commence January 1, 1883, with permission to apply for an extension of two months. (Par. I, S. O. 88, Mil. Div of the Atlantic, Dec. 28, 1882.)

BOOKS AND PAMPHLETS.

W. H. Curtis, M. D., Chicago. The Disposal of the Dead. Read before the American Public Health Association, at Savannah, Ga., Nov. 30, 1881. Reprinted from Vol. VII, Public Health Papers of the American Public Health Association, 1882.

Robert Amory, M. D., Longwood, Mass. A Contribution to the Hæmatinic Properties of Dialysed Iron Reprint from the Boston Medical and Surgical Journal.

Walter Coles, M. D., St. Louis. A Large Fibro-Cyst of the Uterus and Ovarian Cystoma, Coexisting with Pregnancy; Operation; Recovery. Reported to St. Louis Obstetrical and Gynecological Society, Oct. 19, 1882. Reprint from the St. Louis Courier of Medicine, Dec. 1882.

Special Announcement of the Tenth Regular Session of the Hospital College of Medicine 1883. Louisville, Ky.

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ANNOUNCEMENT.

The science of medicine has made such rapid progress in the past few years, and the number of questions that are now engaging the minds of medical men are so varied, and the literature has increased to such an extent, that for one to keep himself well informed in the different branches requires an amount of reading which few men in the active pursuit of their calling can accomplish. Hence it is that there has been a long felt want for some periodical which, issued at short intervals, shall gather up and present in as clear yet concise a manner as possible the latest information upon the most important subjects. To supply such a want is the design and aim of the REVIEW.

Issued simultaneously in Chicago and St. Louis, it will belong to both places, and we hope to win the approval of our medical brethren in both, for we would deem it no small honor to be connected with an enterprise which securcd the commendation of the profession in the two medical centers of the West. To attain this distinction will be the effort of all connected with the journal. It will appear weekly, and will contain abstracts of the most interesting and important articles published in the home and foreign journals; proceedings of the Chicago, St. Louis, and other Medical Societies; original contributions; medical and other news which may be of interest to the profession.

We take this opportunity to state that the columns of the REVIEW will be open to our professional brethren for the discussion of medical and kindred subjects, and we should be pleased to have them make free use of them, but they can never be prostituted to the gratification of personal animosities, and anything of that nature will be strictly excluded. The REVIEW will not be published in the interest of any college, clique, or set of men, but will pursue an entirely independent course, trusting solely to a conscientious endeavor to promote the best interests of our professional brethren for their kind favor and support.

DR. EPHRAIM MCDOWELL, whose portrait is chosen to permanently adorn the front cover of this journal, was the first successful ovariotomist. A Virginian by birth, and practicing his profession in Kentucky, he had as early as in 1794 attended Dr. John Bell's course of lectures in Edinburgh, wherein the possibility of the safe performance of ovariotomy found as enthusiastic advocacy as by Dr. John Hunter in 1785.

Yet in this country so much opposition existed to this and kindred innovations, (as they were then regarded) that even those who regarded with favor the possibility of the safe performance of the operation, hesitated and shrank from the responsibility of inaugurating it as a department of legitimate surgery. The subject impressed itself upon the mind of Dr. McDowell, and it is regarded as probable

that, even while under the teaching of his enthusiastic Scotch preceptor (Dr. Bell), he determined to extirpate the ovaries of the first case that should present itself to him in his practice.

But it was not until he had been in active practice for fourteen years that he essayed the operation. Meantime it is clear that he had made a thorough study of the relations of the pelvic viscera in their healthy and diseased conditions, and, as Dr. Gross, his biographer, narrates, "felt fully persuaded of the practicability of removing enlarged ovaries by a large incision through the walls of the abdomen." It was in December, 1809, that Dr. McDowell successfully performed his first operation in ovariotomy, the subject being a Kentucky lady patient. A most difficult and hazardous task it proved, but the sagacity, firmness and caution of the doctor triumphed, and, as he relates, he found her five days thereafter "engaged in making up her bed." In less than a month she returned home in good health, which she continued to enjoy until she had completed her seventy-eighth year.

The doctor lost only the last of his first five cases of ovariotomy, and his success covered him with professional honor and renown.

The vignette portrait we give is a copy from a photograph which was taken from an oil painting in possession of the family and is regarded as an excellent likeness. In person, Dr. Ephraim McDowell stood nearly six feet in height; was of florid complexion and dark eyes. Of a remarkably complacent and happy disposition, he was most active in his profession almost up to the hour of his death. He was no less renowned for his learning than for his courtesy. His exalted professional reputation was fairly earned through his skill and attention to details; for his own caution and firmness in operations and treatment impressed themselves upon his assistants, and characterized their surgery no less than his.

CHRONIC CYSTITIS WITH ENLARGED PROSTATE in advanced life, requiring the regular use of the catheter for the evacuation of the urine, not unfrequently becomes aggravated by the very process of catheterization, and an irritable condition of the bladder is produced, whereby the more frequent use of the instrument is necessitated, being sometimes required as often as every hour or even oftener.

It was proposed years ago to perform the same operation as that required for stone for the relief of this trouble, with the idea of giving rest to the bladder, by preventing the accumulation of urine, but the success attained was not such as to place it beyond question as a proper procedure.

Sir Henry Thompson has now devised an operation by which he accomplishes the end desired, that of rest to the bladder and urethra, and which he describes as follows: The patient, under ether, is placed in the lithotomy position, and a grooved median staff introduced into the bladder. A small vertical incision is then made in the raphé, just above the anus, only large enough to admit the index finger, and ending in the staff at the membranous portion of the urethra, which should be divided for half an inch at most. The staff is then withdrawn, and a large vulcanized catheter or tube, about No. 20 (English scale), is inserted, with the end just within the bladder, and securely tied by means of tape or a bandage around the waist. This is allowed to remain in for several days. The relief obtained, he says, is immediate and remarkable. The urine which had contained muco-pus and blood, and was alkaline and offensive, changed in a few hours and became natural in color, acid and almost clear. The catheter was removed on the eighth day, and healing of the perineal wound was rapid. Six months afterwards there had not been a return of the troublesome symptoms.

This operation, which he says is only a very limited urethrotomy, he regards as a very safe and simple proceeding.

Of course it has no effect in diminishing the size of the prostate, so that, with the healing of the external wound, resort must be had to the catheter as formerly.

Strangulated Inguinal Hernia in very young children is a rare condition. Operations for the relief of this accident have been performed only once in the past ten years at University College Hospital; once at St. Bartholomew's in the same length of time; six times at St. George's since 1870, on children from five months to two years of age, and twice in seven years at the London Hospital. In all of these cases the patients were boys, and in six out of eight the hernia was on the right side. The sac was opened in all of them, and death followed in only two.

Mr. Marcus Beck recently operated on a child ten weeks old, and the following account is given: (*British Medical Journal, Dec. 9th, 1882*). For four weeks previously a swelling of the right side of the scrotum had been noticed at times, but it had disappeared spontaneously. At the time he was called, he found the scrotum distended to about the size of a hen's egg. It was tense, elastic and translucent with fluid at the lower and front portion. The testis could be felt behind the swelling, which extended through the external ring; there was no impulse when the child cried. Taxis was tried, but failed to produce any change in the size of the tumor. It was tapped and about two drachms of fluid drawn off. Taxis without and with chloroform was then tried, but failed, and the operation was then performed. When the sac was exposed an effort at reduction was then made, but unsuccessfully. The sac was then opened enough to admit the finger, and the constriction found at the abdominal ring. An attempt to notch the band with the nail failing, it was stretched and torn by the finger; the bowel was then easily returned. The patient made a good recovery, and three weeks afterwards the hernia had not come down.

The difficulty of diagnosis in this case was owing to the translucency, which was similar to that of infantile hydrocele.

Manganese in certain forms of Amenorrhœa has acted well, according to the observations of Ringer and Murrell. (Lancet). They used the permanganate of potash, either in solution or pills of one or two grains each, and did not employ any other remedy. Most benefit was derived in young women between eighteen and twenty-five years of age, when the trouble was due to taking cold or getting wet, and who had "missed" once or twice. In such cases, they say that a pill of one or two grains of the drug, given three or four times a day for a few days before the flow is due, will not fail to establish it. In some cases, even where there had been no menstruation for a year, it succeeded. In cases also which have become irregular through much child-bearing, and excessive lactation, they had good results. If the case is obstinate it should not be given up, but the use of the remedy persisted in for six weeks or even longer. Whilst they caution against pregnancy, they are satisfied it will not produce abortion in the doses mentioned. Plls are preferred to the solution, which is disagreeable and may cause nausea and vomiting. It sometimes causes a pain, at the top of the sternum, which may be of a burning character, and which is persistent. They attribute the effects to the manganese, and not to the potash in the salt, as other preparations, manganate of soda and binoxide of manganese, produce like results in amenorrhœa.

Ovariotomy was performed on a pregnant woman by Mr. Storry, at the Strand General Hospital, in the early part of last year. The carbolic spray was used. There were no adhesions, and hemorrhage occurred only from one vessel in the abdominal walls, which was twisted. Two cysts were found, a large one and a small one, and after they were tapped the pedicle was ligated with chromicised catgut and the growth removed. The uterus was found to be enlarged. Chromicised catgut sutures were used in the abdominal wound and an India rubber drainage tube left in the lower part; this was removed on the fourth day. The temperature in the axillæ never exceeded 99°. Six months after the operation she was delivered of a child.

THE SCIENTIFIC VERSUS THE PRACTICAL.—It is time for a clear understanding of the relations between the pathologists and the profession, and this is needed in the interest of the former who from the first have been imposed upon in a manner which reflects neither dignity nor justice upon the latter. The pathologist has certain characteristics which are too well known to require mention. He is an enthusiast for science; he cares little for display; he cultivates neither the church nor society; he is regardless of the popular favor; hence his practice is usually limited to the circle of his immediate acquaintance, and even they often distrust him. His more thrifty neighbor, with the shrug of the shoulder in his frank and friendly manner, does not hesitate as often as possible to create the impression that his young friend is "too scientific to be practical;" that "he lacks experience;" that "he really is a very able young man, but that he cares very little for practice." The "practical" man, of "great experience" and variable knowledge, mentions these traits of his pathological "young friend" with the greatest appearance of kindness, and actually seems to mourn that such a "promising young man" should not have had a more "practical" turn. If the "practically experienced" critic is certain to escape detection, he may even go so far as to deplore the "seeming lack of common sense" which he has noticed in his "young friend." All this, and sometimes more, he will say to a patient who in his absence has perhaps once or twice called in this young scientific friend. This sort of treatment is commonly meted out to young men of scientific attainments at the hand of their less learned but more "practical" neighbors. But the scene changes, and the "practical" neighbor tells his patient that he cannot make the diagnosis to-day, but that he will examine with his microscope, with his chemicals, etc., and give advice and prescriptions later. Modern science he declares must be brought to bear in the case. He then applies to his impractical scientific young friend, who at great personal discomfort makes the necessary examinations of the specimen and reports; then with a flourish of trumpets the benevolent doctor declares "his opinion" to the patient, declares the results of the microscopical and chemical examinations, but is careful to suppress the name of the examiner. The sublime effrontery of this "practical, experienced man" did not end here, because he afterwards never intimated that he would like to pay his visionary friend, but rather regarded himself as having showed an act of great professional courtesy by consulting him in such an interesting case, or perhaps he promised to send him a patient some night.

THE INFLUENCE of HIGH ALTITUDES in PHTHISIS PULMONALIS is a subject of great interest. The benefit derived depends to a great extent, not only upon the conditions of the atmosphere, but also of the soil, which should be a dry one. Francis J. Allen, of Edinburgh, says, in the New England Medical Monthly, that it has been proved that the damper the soil the more prevalent is the disease. The conditions of the atmosphere which he claims as essential, are rarity, calmness and purity, with sun-warmth. The rarified air stimulates the circulation, and sometimes its effects are felt at first on the brain and liver. The respirations are more frequent, but soon become slower and deeper, and the chest increases in size. It is also important that the air should be calm, as the winds are trying to the patients and they lose ground. The sun-warmth, greater than at low levels, produces a happy effect, causing better sleep, better appetite, better spirits and great improvement generally. The greatest stress is laid upon the purity of the air, for careful experiments show the absence of all germs, and though they may exist in the lungs of the patient they are soon gotten rid of, and putrefactive changes in the secretions are arrested, and the fever accompanying their absorption soon passes off.

The class of patients deriving the most benefit are those who can stand the changes of temperature and take sufficient exercise. If they suffer from cold hands and feet, and

have blue lips, they should not remain. Persons with nervous diseases, disease of the heart or liver, or with rheumatism, are not benefited. If catarrhal symptoms exist to a great extent, while general improvement takes place, the cough persists, and such would do better in a warmer climate.

THE CHICAGO-TENEMENT HOUSE SYSTEM.—In a late number of the London Lancet one of the correspondents, who had been visiting Chicago, wrote a long letter upon our tenement house system.

He gives a copy of the act for the regulation and inspection of tenement and lodging houses—approved May 30, 1881—and also copies of the blanks and printed forms prepared by the Health Department for carrying into effect the provisions of the act, including rules for the architect, the builder, the plumber and the sewer contractor.

After speaking of other details, this correspondent says that in spite of many difficulties, it must be confessed that the health authorities, under the energetic superintendence of the Commissioner of Health, have done great public service.

He advises that any one, in England, who desires to have a model set of forms and regulations for controlling the health arrangements of a large town, should write to Dr. DeWolf for those in use at Chicago, saying, that the whole plan of administering the Health Department of Chicago has been admirably conceived, and is being ably administered by its present Commissioner of Health, Dr. DeWolf.

THE GOSPEL OF RECREATION was the subject which the celebrated English writer, Herbert Spencer, took for developing in his address at the farewell banquet tendered to him before he returned to his home last November, after a somewhat extended tour in this country. His views have evoked a good deal of discussion and some pretty sharp opposition. Mr. Spencer expressed the opinion that Americans work too zealously, too persistently ignoring the good things of the present in the intense earnestness to win what seem the better things of the future, which in turn is left uncared for, while some other more remote advantage is sought for. He noted the number of young men whose heads are gray, of those who have killed themselves by overwork, or incapacitated themselves more or less permanently for any active usefulness thereby. He believes that our high-pressure life is not only breaking down the constitutions of the workers of this generation, but impairing the vitality of their children. He urges that we should allow greater opportunity for relaxation, and make work less a passion.

Some of Mr. Spencer's countrymen and some of our own have taken occasion to express dissent from Mr. Spencer's views. Sir Wm. Gull has expressed forcibly the opinion that work does not kill anyone. As Mr. Haden has expressed it, it is worry, not work, which kills. In our opinion the truth lies between the two. Most of our American workers perform their labor under the influence of worry, and the over-work and over-worry combined are bringing about an unfavorable condition of physical and mental health as a typical American temperament.

EXAMINATION OF THE URINE becomes more and more important as physiological and pathological investigation is carried on further. M. Rommelaere claims that repeated careful observation has shown him that in cases where malignant disease is present, whatever be its site or morphological nature, the proportion of urea in the urine progressively diminishes until it becomes less than 12 grammes (180 grains) in 24 hours. This hypo-azoturia does not exist in cases where tumors are benign.

THE POPULATION OF THE WORLD is estimated by Drs. Behm and Wagner, in Die Bevolkerung der Erde, as 1,433,887,500. In Europe they estimate the population to be 327,793,400; in Asia the estimated population is 795,591,000; in Africa, 205,823,200; in America, 100,415,400; in Australia and Polynesia, 4,232,000; in Polar regions, 82,000.

The Treatment of Acute Rheumatism has always claimed particular attention from the profession, and will always remain a subject of lively interest. Bartholow says (Medical Record) that the chemical theory that it is owing to an acid in the blood is borne out by chemical facts and experiments. But behind this, there is an influence concerned in the production of the excess of acid, which influence is located in the nervous system. He divides rheumatic cases into three groups: First, spare persons of good bodily vigor and muscular development, with hereditary tendency to the disease. Second, fat persons who use malt liquors and live highly, but who generally have no inherited predisposition to the trouble. Third: Feeble, anæmic, poorly nourished persons, who live under malarial influences. For the first he recommends salicylic acid or its salt, salicylate of soda, as the proper remedy. For the second group he says the alkaline treatment is the most suitable. He quotes from Dr. Fuller, who says: "One ounce and a half of the carbonates should be given in twenty-four hours, and half as much as soon as the urine becomes alkaline." For the third class he recommends the use of tincture chloride of iron in full doses, from ʒss to ʒj in water every four to eight hours. He says that under the use of this remedy the pain, swelling and fever subside, the danger of heart trouble is lessened and the whole system strengthened to resist the disease.

The Misericordia Hospital of Rio de Janeiro is in some particulars an unique institution. It is described in the British Medical Journal as a large building capable of accommodating 2,000 patients. Broad marble steps lead to a vestibule, on one side of which is a spacious dispensary. A remarkable feature of the institution is the arrangement by which it has a monopoly of the undertaking business of the city, by means of which it gains a large part of its income. It makes all the coffins and organizes all the funerals for the town of Rio de Janeiro. Coffins of all sizes are manufactured in the work-shops and are kept on stock, arranged on shelves according to their size. They are of the lightest description, roughly nailed together, and closed by a lid which opens on hinges and is fastened with a lock when the body has been placed inside. They are covered with a thin black, red, or violet material, and bordered with gilt tinsel, giving an appearance rather suggestive of bon-bon boxes. The coffins vary slightly in quality, and the funerals also are of the first, second and third class, according to the amount that the friends are willing and able to expend. The funeral department of the hospital furnishes candelabra, altars, catafalque, and all the other paraphernalia of a chapelle ardente. The nursing is in the hands of the Sisters of Mercy, of the order of St. Vincent de Paul. There is a medical college attached to the hospital, and this is provided with a library, museum, dissecting room, lecture rooms, etc. An average of 14,000 patients is treated annually; about 230 new patients being received weekly. The death rate is 13 per cent.

The Earliest Practitioner of medicine in St. Louis was one Dr. Watkins, of whom nothing is known except only the name. There was a Jesuit by the name of Didier, who used to give barks and herbs for teas in some cases of illness, but he was not a regular practitioner. Dr. Antoine Saugrain was the first physician with reference to whose history any particulars can be obtained. A graduate in chemistry and in medicine at the schools in Paris, he came to this country soon after the Revolution, and joined a company of French settlers at Galiopolis, O. This settlement was broken up, and Dr. Saugrain went to Lexington, Ky., and thence to St. Louis prior to 1800. On coming here he found only the Dr. Watkins above mentioned, and the Jesuit, Didier. He remained here and practiced for some years, relying exclusively upon ptisanes and vegetable remedies, and regarding calomel as a virulent poison. He was highly esteemed and honored by all who knew him.

THE PHARMACOPŒIA OF THE UNITED STATES OF AMERICA.

SIXTH DECENNIAL REVISION.

BY J. S. B. ALLEYNE, M. D., ST. LOUIS.

A few words at the present time with reference to this new edition may not be amiss, for already much diversity of opinion has arisen as to the value or necessity of the changes which have been introduced, and further, much disturbance of mind, akin to anxiety, is felt by apothecary and physician as to whether the prescription, particularly of the highly active preparations, shall or will be compounded according to the old or new formulæ. One prominent apothecary has announced that from this date, the new edition will be adopted in all preparations and so dispensed, unless otherwise ordered. This statement is easily understood, but not so easily carried out. Among older physicians particularly, it may frequently occur, that in the hurry of writing prescriptions, however much we may deplore this negligence, the memory will fail to dictate whether the old or new formula shall be used, and then the larger dose, as of the tincture of opium, will be dispensed, with perhaps disastrous consequences. And then, among these active preparations, doubt will arise as to whether any changes have been made at all, which will provoke annoyance, and throw the prescriber back upon the study of the Pharmacopœia, which, however desirable, is not in accordance with inclination, for the old formula has subserved his purposes, or will lead him to more extemporaneous prescribing, which will result of course to the benefit of the apothecary, and may be to more precision of knowledge. Of course, improvement must be expected with every step of progress, and the difference between this last edition and the first is largely in favor of the former in every respect. But we must accustom ourselves constantly to changes in the nature of our knowledge; this takes time, and the older we grow becomes more and more difficult. But we have ten years now to get used to the new Pharmacopœia. Not much can be expected as yet; all apothecaries are not provided with the new edition, and a great many physicians know nothing of its existence.

Before the changes are adopted by one individual or another, let there be some concerted understanding between physicians and apothecaries, whereby the changes shall be adopted or not, as may be found advisable. On much smaller grounds have results followed to the injury of patients, and of the reputation of physicians and apothecaries.

Chrysophanic Acid, given internally in psoriasis, does not seem to have produced the results anticipated. Cauty, reports thre, cases, which he says are examples of manye in which he tried the remedy without perceiving that it had any specific action on the skin. In these cases the smallest dose given was one-fourth of a grain, gradually increased until in one of them one and one-half grains was taken three times a day. Though there appeared to be some improvement in the disease, so much irritation of the stomach and bowels was caused that the remedy was discontinued. The results of these cases, he says, lead to the inference that the subsidence of the disease in the case reported sometime since in the Lancet was due to the continuous purging.

Diphtheritic Sore Throat in an epidemic form has prevailed in Edinburgh for several months. Dr. W. Allen Jamieson in the *Edinburgh Medical Journal*, reports two cases treated with a saturated solution of boro-glyceride in glycerine, in conjunction with salicylate of soda. The boro-glyceride was applied frequently to the ulcers, which had grayish sloughs upon them, and ten grain doses of the salicylate of soda were given every two hours.

By the next day the temperature had fallen to normal, the inflammation had materially diminished and the ulcers were smaller and cleaner. These cases were examples of many others. The boro-glyceride solution caused no pain, but immediate relief followed its application.

FOUR HUNDRED AND FORTY-ONE LUMBRICOID WORMS were passed in thirty-four days by a patient under the care of Dr. A.C. Pole, of Baltimore (Medical Chronicle). The patient had complained for some time of griping pains in the bowels and nausea; she had been treated at various times for biliousness and worms, but no worms had passed. Having had a fainting spell, she was again brought for treatment. Worms being suspected as the cause, she was given powders of calomel and santonine. After taking two powders, twenty-five lumbricoid worms were expelled; forty-five after two more powders, and twenty-eight after four more. After an interval of two days, the pains increased and she complained of a sensation as if something were crawling up in her throat. The powders were resumed, and more worms followed, but owing to pain over the kidneys they were stopped and anodynes given. Bicarbonate of soda and infusion of quassia were then given, and also the following: ℞ Ol. Chenopodii gtts. ivss; Ext. Spigellii et Sennae Fluidi, ʒi. While taking this last, she passed one hundred and sixty-nine worms, making the total number given above.

NEBRASKA DOCTORS include in their number graduates from the Medical Schools of St. Louis and Chicago in the following numbers:

College of Physicians and Surgeons, (St. Louis)	4	
Missouri Medical College	4	
St. Louis Medical College	5	
	—	13
Chicago Medical College	13	
Rush Medical College	49	
Woman's Medical College	1	
	—	63

PERMANGANATE OF POTASSA has been used for six years in the treatment of diabetes mellitus by M. Masoin, in accordance with a suggestion of Sampson in 1853. He has found it sometimes to fail completely, and again to furnish most brilliant results. Studying the cause of this variation in its action upon the liver, by which organ the manganese is eliminated, he found on careful observation that the manganese acted favorably in those cases of diabetes which were associated with an engorgement of the liver.

A COURSE OF MEDICAL LECTURES for railroad employees has been inaugurated at the Grand Central Depot, New York. Their object is to prepare the men so that when called upon in case of accidents they may know what to do to relieve the injured. The subjects embraced seem to cover the ground very well, and to afford all necessary information. The Course is free to all employees. The idea is a very good one, and worth the attention of all railroad companies.

THE TOLEDO MEDICAL AND SURGICAL JOURNAL, after two years' intermission, re-appears this year in a somewhat different form from that with which we were formerly familiar. One of the present editors was the originator of the Journal six years ago, but was connected with it only during a part of the first year. We extend the right hand of fellowship to Drs. Jonathan Priest and John Gardner, who occupy the editorial chairs in the new office.

THE TOLEDO MEDICAL COLLEGE publish an announcement that their first course of lectures will commence March 1st, 1883. We hope the new college will succeed in the "desire to encourage a higher grade of literary qualifications," etc., but it seems a mistake to make their course virtually a summer school. It looks too much like offering special inducements to students who have failed to pass examinations at other schools.

ONE HUNDRED AND TEN.—The New York papers announce the death in that city of Bernard Doran, at the age of 110 years and 16 days. His age was proven by his baptismal certificate, which stated that he was born Jan. 7, 1773, in the County Tyrone, Ireland. A daughter nearly 90 years old is living in Cincinnati. He was always temperate and never used tobacco.

Vaccination of the Eyelid is an exceedingly rare accident. Dr. A. W. Calhoun reports in the College and Clinical Record a case where a three-year-old boy, who slept in the same bed with a sister who had a vaccine pustule upon her arm, accidently inoculated himself upon the eyelid and body at the same time. The inoculation upon the eyelid took in a typical manner, and the swelling and inflammation were such as to cause intense solicitude, in regard to the result upon the eye itself. The lids were so swollen that for several days it was impossible to separate them and examine the eye, while there was a constant muco-purulent discharge. Opiates to relieve pain, free oiling of the lids, cold applications, and the pricking and emptying of the pustules, constituted the local treatment, which was supplemented by tonic and laxative medicine. When the inflammatory action subsided, it was found that the eye itself was intact, but the upper-lid had suffered a considerable loss of substance, and the hair bulbs of the eyelashes were permanently destroyed along about one half the length of the lids.

Iodoform in an impalpable powder was used in a case of gonorrheal ophthalmia by Dr. P. D. Keyser, of Philadelphia, in accordance with the recommendation of Drs. Grossmann, Lange and Manomachie, all of whom had exceedingly satisfactory results. In Dr. Keyser's case, reported in the College and Clinical Record, the effect of the iodoform was unfavorable. For three days the eye seemed to improve, but on the fourth all the symptoms were very much aggravated. The doctor accordingly changed the entire treatment. As the edematous condition of the bulbur conjunctiva seemed to threaten the integrity of the cornea, he scarified this freely, and ordered the instillation alternately, every half hour, of a one-grain solution of nitrate of silver and a 40-grain solution of chlorate of potassa; iced cloths day and night, milk punch twice a day, and elix. calisaya et ferri pyrophes, ʒij, thrice a day. The improvement was rapid and recovery complete in two weeks. He is somewhat at a loss to explain this experience, so contrary to that of the other observers mentioned.

American Stature.—Mr. Geo. W. Peckham, of Milwaukee, has made some examinations and measurements of the children in the schools of that city (Popular Science Monthly), and he finds that the boys till twelve years of age are taller, and till thirteen heavier, than the girls, while from thirteen to fifteen the girls are taller and heavier. After that, the opposite is the case. He also finds that girls stop growing about seventeen; that children of American descent are taller than those of foreign parentage; that they are of lighter weight than German children; that Irish children are taller than German. Comparison with observations made in Boston shows that the children of Milwaukee are taller than those in Boston, that the boys are heavier, but the girls are lighter. The fact of the children of Milwaukee being taller than those of Boston he attributes to the population of the former being less than that of the latter. From his tables the conclusion may be drawn that density of population has the greatest influence on the height of American-born men; that city life tends to a decrease of stature.

The New Orleans Medical and Surgical Journal entered upon the New Year with an entire change in the editorial management. The new staff consists of five members, viz., W. H. Watkins, M. D., D. C. Holliday, M. D., John Godfrey, M. D., F. Loeva, M. D., L. F. Salomon, M. D.

The Urinary Chlorides gradually and constantly diminishes in the incubation stage of inflammatory processes, even when there is no other indication of this incubation. When the amount decreases below one gramme in 24 hours, there is peril; suppuration is imminent, with all its consequences.

The Louisville Medical News has dropped its well-known brown cover. It has been enlarged to a sixteen-page journal.

Original Contributions.

NAPHTHALIN AS AN ANTISEPTIC FOR SURGICAL DRESSINGS.

BY ROSWELL PARK,

Surgeon to the Michael Reese Hospital, Lecturer on Surgery, Rush Medical College, Chicago.

In a recent article on Antiseptic Surgery (*Chicago Medical Jour. & Ex.*, Oct., 1882) I spoke very briefly of naphthalin as a drug which had already given very excellent results when used as an antiseptic, and which deserved further trial. A further acquaintance with the literature of the subject, and considerable personal experience with the drug itself, have induced me to treat of it at greater length.

Naphthalin is a hydrocarbon with the formula C_{10} H_8, and was discovered by Gordon in 1820; it is a coal tar product. It has a specific gravity of 1.1, melts at 79.2° C., sublimes at 150° C. and boils at 214° C. It much resembles paraffine in appearance, save that it is much more crystalline. Insoluble in water or animal juices, it readily dissolves in ether, hot alcohol and various fatty oils. Its formula as well as its odor, general appearance and behavior would indicate that it possessed antiseptic properties. It was accordingly studied by E. Fischer, of Strasburg, and finally by him warmly recommended. (*Berliner Klin. Wochschft.* 1881, No. 48, and 1882, Nos. 8 and 9.) For some time prior to this it had been in use as a remedy for various skin diseases by Rossignon, Emery, Kleinhans, Fürbringer and others.

Prof. Luecke adopted it in his surgical wards in Strasburg, and since then it has worked its way into quite general use on the continent. I am not aware that it has as yet been used by others than myself in this country. It may be used dry in fine powder, dusted on as we dust boracic acid or iodoform; in ointment in strength of 1 to 2.5 in 10; sprinkled on to gauze, which is then used like Lister gauze; or in solution, which may be injected into sinuses, etc., or in which gauze may be prepared and then dried.

In dry powder it is liable to irritate, or to cohere and form a crust which may prove undesirable. In ointment it is very efficient, not only in those cases where ordinarily carbolated cosmoline is used, but in many skin diseases, especially scabies. When used in dry powder on gauze it makes a most effective antiseptic dressing, but hardly an artistic one.

Fischer recommended a solution in 4 parts ether, to which an equal quantity of alcohol is added. In this is prepared the gauze as already mentioned.

The price of ether in this country makes gauze so prepared fully as expensive as Lister gauze. I accordingly experimented until I hit upon the following plan, by which an excellent antiseptic dressing can be made at very small cost, and by any one without apparatus: I make a saturated solution of naphthalin in benzine or gasoline, in which I steep ordinary fine cheese-cloth, which has been prepared by boiling in solution of carbonate of sodium and chloride of lime just strong enough to thoroughly cleanse and disinfect it, and make it absorben . The cheese-cloth may be boiled in an ordinary wash boiler—preferably in a new one—and is then dried. It is then folded or rolled up, or it may be cut in small pieces, and placed in a clean stone jar, which is then filled with the naphthalin solution. After soaking a few hours, or a day or two, the material may then be hung up on a line until the benzine has all evaporated. At the expense of a little time and care gauze of this kind may be prepared at a cost of five cents a yard, and will be almost as effective as Lister gauze, which retails at fifteen cents.

In using this dressing, a piece of protective should be placed over the wound just as in the exact Lister dressing; half a dozen layers of gauze are then applied, then covered with mackintosh or gutta-percha paper or waxed paper, and over all the roller. Under this dressing I have never seen any but the very best results. It may be modified as desired, or for it may be substituted cotton-wool prepared in the same way. Indeed, for all minor operations, the latter will serve most admirably. I have not yet used it after laparotomy, but after amputations, removal of tumors, etc., and have not yet been disappointed. Old chronic ulcers are stimulated by it. Hoeftman and Anschütz have written in favor of it (*Centrlblt. f. Chirurgie*, 1882, Nos. 32 and 43), and Djakonow (*Wratsch*, 1882, No. 39) has added a series of cases dressed with it. In Luecke's wards nothing else is used; and in many of the German hospitals it is the usual dressing.

At the last Congress of German Surgeons, Fischer read quite a long paper on the subject, in the course of which he claimed that it was almost a specific against erysipelas. Since I began using it I have had but one case of this kind to treat — a case of spontaneous facial erysipelas, involving half the face. I bound over this a few layers of the gauze, made as I have described, and gave internally an innocent placebo. I am positive that there was improvement within three hours, and that the case recovered much sooner than it would otherwise have done. This certainly seemed to corroborate Fischer's statements.

This gauze should be kept in a receptacle with a closely fitting cover, as it seems to slowly lose its naphthalin by exposure to the air. I would close this note with an appeal for its further and extended

trial, believing it to be the most efficient antiseptic for its price that we have—the price being in the neighborhood of seventy-five cents a pound—and hope that those who use it will give the results of their experience in the columns of this REVIEW.

TONSILLOTOMY

BY WM. PORTER, A. M., M. D., ST. LOUIS.

Old as the theme is, and definite as our ideas concerning it are, tonsillotomy is a subject well worth discussing. When in a normal condition, the tonsils are comparatively unimportant, both as to function and in relation to other parts. When diseased and to any great extent enlarged, they are powerful factors for evil.

In the medical literature of the day, and in conversation with individual members of the profession, I find the greatest difference of opinion as to the wisest treatment of hypertrophied tonsils and the best method of its application.

First of all, by excision we do not now mean the complete extirpation of the tonsil, but rather the removal of so much of the hypertrophied mass as protrudes beyond the muscular folds. It will be remembered that the hypertrophy is a true hyperplasia, an increase and induration of the connective tissue; that the follicles are enlarged, and the walls of the ducts thickened and sometimes distended with retained secretions, and that the epithelial covering is also thickened.

When the tonsils are thus changed, repeated attacks of acute inflammation often occur, which alone would suggest interference and permanent reduction, but this is by no means the most weighty reason.

The existence of an obstruction at the very gateway of the respiratory tract cannot but do harm. When the tonsils enlarge toward the median line the air current is necessarily interfered with, especially during sleep, when the relaxation of the muscular surroundings favors a nearer approach to each other of the hypertrophied masses; what wonder then, the supply of air being limited, that the child becomes pale and weak, with poor assimilation of food and diminished power of resistance to disease. In many such cases a marked improvement in general health and appearance begins soon after removal of the enlarged tonsils, without any other treatment.

Again, from the narrowing of the air passage and the consequent labored breathing, the auxiliary muscles of respiration and the diaphragm are called into action to a greater extent than usual, and deformity ("pigeon-breast," Shaw, 1841; Dnpuytren, 1828, etc.) of the chest is often the result.

Still further; it is reasonable to believe that damage may accrue to the lungs and bronchial tubes from this increased respiratory effort. The air being drawn into the lungs with difficulty, a rarefaction to some extent at once occurs within the tubes and vesicles, and a consequent dilatation of the capillaries of the bronchial mucous membrane and intra-alveolar walls. Where the obstruction was great I have not infrequently found bronchitis, which speedily yielded after removal of the tonsils.

If the tonsils be large enough to obstruct expiration also, a prolonged expiratory murmur at the pulmonary apices is sometimes heard.

That hypertrophied tonsils may cause and keep up pharyngeal irritation is so plain a proposition that it is needless to argue it. On the other hand, it is not likely that Eustachian obstruction is ever the direct result of tonsillar hypertrophy, though it may be caused by the extension of the pharyngitis from such a source.

The nasal passages may suffer as a consequence of enlarged tonsils. Robinson states a well-known law thus: "Whenever an organ of the body during its period of growth is thrown into disuse, or cut off completely from its normal function by some mechanical obstacle, deformation and arrest of development, followed by atrophy, are natural sequelæ." Lefferts, before the New York Academy of Science, Dec. 1879, applied this law as follows: "Owing to the passage of a less quantity of air though the nasal and oral passages, these do not increase in capacity proportionately with the growth of the child. The alæ of the nostrils sink in, and this lack of growth affects in an equal degree the palatine arch, consequently the olfactive and gustatory senses are restricted."

The same author notes the effect that may be produced by pressure of the hypertrophied masses upon the pharyngeal walls in close relation to the large vessels and nerves of the neck. Certainly I have seen reflex irritation of the pneumogastric, from a diseased tonsil (cases by writer *N. Y. Med. Record*, Oct. 1879). The indistinct articulation and the unfortunate facial expression of a child compelled to breathe through its mouth are among the lesser evils; while it is true that in some instances atrophy of the tonsils may in years take place, yet this is not the rule, and much damage may be done while we wait.

Enough has been said to suggest something more than expectant treatment where the tonsils are chronically enlarged to such an extent as to interfere with the free passage of air, or cause pharyngeal irritation.

There are several methods of treatment commended, each having earnest advocates. Some physicians urge general tonic and nutritive medication, believing that the system may be encouraged to resist the consequences of hypertrophy and to

cause its absorption. This is well as far as it goes, but it does not remove the cause, nor is it alone to any extent successful.

The use of sprays and the application of remedies with a view to produce absorption have long ago been proven insufficient—as well spray a fatty tumor or a sebaceous cyst—while the practice of trying to reduce pharyngeal inflammation before the tonsil is removed is in inverse order.

The results following the use of chromic acid, the London paste, and even the electrolytic needle, have not been satisfactory. It is true that Cohen has had success in a few cases following 15 or 20 operations with the galvano caustic, and it is also true that repeated local applications may do something toward reducing soft and yielding tonsils, but where there is true hypertrophy, large, firm and tense, these are of little account, except that they prolong treatment and continue the case. Wagner says: "That after patient, persistent and regular applications continued through months, he has never seen a true diminution in size."

Where there is true hypertrophy once, and any considerable degree of obstruction, the most rational—had almost said the only rational—treatment is excision. In former days this was done with the bistoury and forceps, a somewhat painful and difficult operation. The introduction of the guillotine has done away with many of the objections once urged. I use a simple instrument, having but two pieces, a chisel-shaped knife, sliding, when in position from before, backwards in the groove of a guard ring, and closed by a single motion of the thumb. Only what passes through the ring of the guillotine is severed; there is no danger of wounding the tongue or pharynx, and the section can be made in an exact plane with the level of the pharyngeal pillars. The muscular folds, if adherent to the tonsil, should be detached before the operation.

A few of the objections to the operation will bear notice. Some fear the pain will be great, but the hypertrophied tonsil is not sensitive; even little children seldom complain of it, and with the guillotine at most it is but momentary.

Hemorrhage is rarely met with and seldom lasts long. Guersant and Voss, out of 1347 cases, had but three in which there was any considerable bleeding, and these were probably due to the tonsil being pulled out of position by forceps, and a deeper section made by the bistoury than needed. It is probably best not to use even a guillotine, which is so constructed as to lift the tonsil from the pharyngeal wall before section. I have yet to find recorded a single case of alarming hemorrhage following the use of a properly made and applied instrument. Where there is any tendency to bleeding, after the first two or three minutes, it can be easily checked by the tannic and gallic acid gargle, recommended by Mackenzie. Even this I have never had occasion to use.

It has been urged as an objection that there may be recurrence of the hypertrophy. In over 150 cases I have had to do a second operation but twice, and that was because I had the first time failed to remove the whole surface. The hypertrophy being largely due to involvement of the ducts and retention of the secretions, causing irritation, increased blood supply and hyperplasia, it is reasonable to believe, superficial glands being removed and the deeper ones having a free outlet, there is no cause for further hypertrophy. So we find it in practice.

Is the voice injured by the operation? Reason would suggest that an obstruction to free respiration and articulation being removed, and the tonsils reduced to normal size, the voice would be benefited. This also is true, as all acknowledged authorities concede. It is not generally known that the world renowned Patti had her tonsils removed years ago.

The proposition advanced that removal of the tonsils destroyed virility in the male, did not survive investigation.

Let me once more quote from Lefferts' classical essay: "How often is the physician—be he famiiy practitioner or specialist—asked the question, will not the patient always have a tender throat, one susceptible to cold and inflammation, one liable to diphtheria? Or, will the voice not suffer after the removal of the tonsils? And how satisfactory it is to be able to give a most emphatic answer in the negative, to assure the anxious inquirer that, in suitable cases, nothing but good can come of the operation."

Without recapitulation, let me add that I have never regretted doing the operation, but in some cases regretted that it was not done.

EXCISION OF THE INFRA-ORBITAL NERVE FOR FACIAL NEURALGIA.

BY WILLIAM A. BYRD, M.

Professor of Clinical Surgery, Quincy College of Medicine, Quincy, Illinois.

Tic-douloureux in its worst form is one of the most agonizing of all the diseases that man may be afflicted with, resulting in many instances in the poor sufferer becoming an habitual opium eater, a curse to himself and a nuisance to his friends. The only means so far adopted for its relief, that holds out any hope for permanent benefit, is the excision of the nerve trunk that is affected. I do not forget the possibility of a cure being effected by stretching the nerve, but there is no certainty attending such a procedure, and,

besides, it can and ought to be added to that of excision.

This report is prompted by the following passage in Prof. Ashhurst's "*Principles and Practices of Surgery.*" 3rd. ed., pp. 527-8: "The *Superior Maxillary Nerve* may be reached, close to the foramen rotundum, by means of a V-shaped or simple curved incision, both walls of the antrum being cut away with the trephine, and the lower wall of the infra-orbital canal with cutting-pliers and chisels. The nerve being separated from the other tissues in the spheno-maxillary fossa, and traced beyond the ganglion of Meckel, is divided from below upwards with the blunt-pointed curved scissors. This bold and severe operation, which was introduced by Carnochan, of New York, has been at least temporarily successful in several instances; but that the relief is not permanent, would appear from the researches of Conner, of Cincinnati, who has collected thirteen cases, in seven of which the pain is known to have recurred, while in only two of the remainder was the subsequent history of the patient traced for more than a year. Dennis, of New York, however, finds that more or less benefit has been derived from the operation of neurectomy in 16 out of 21 cases in which it has been resorted to."

The percentage of recovery, I think, would be found greater after neurectomy if all the cases operated upon could be collected. Dr. John T. Hodgen, in a report to the American Medical Association in 1880 (*Transactions*, pp. 773, et. seq.), entitled "Section of the Infra-Orbital and Inferior Dental Nerves for Neuralgia," records neurectomy performed twenty-four times on thirteen patients, of which number five suffered from neuralgia of the infra-orbital nerve. Of these, one was operated on three times. "Since that time he has not suffered the same character of pain that he had before the operation, but he has occasional attacks of neuralgia; not so severe as to incapacitate him for work." Two were operated upon once, with relief to the neuralgia of the upper jaw, but both had, occasionally, slight neuralgia of the lower jaw. Two were operated upon once, with perfect cures. Thus it seems that all were very greatly benefited.

Dr. Hodgen devised a very ingenious method of performing the operation that I do not find in the text books on surgery. His procedure was to cut immediately above the infra-orbital foramen, through the skin, making an opening large enough to pass a very small, blunt hook, with its point well down on the floor of the orbit, back to the spheno-maxillary fissure, along the infra-orbital canal. The point of the hook was then turned, so as to lift the nerve as it entered the canal, and then a pair of small scissors would be thrust in, with the shank of the hook for a guide, and the nerve cut off. The soft parts of the cheek were then loosed sufficiently to allow the hook to lift the nerve where it comes out of the infra-orbital foramen. A needle, armed with a double ligature, was then passed from the wound down into mouth, alongside of the gums, carrying the nerve in the loop of ligature. Thus the end of the nerve that was normally in the spheno-maxillary fissure presented under the lip and rendered union of the divided ends impossible. Prof. Von Langenbeck had devised a somewhat similar operation, and it has been successfully followed by Drs. Hahn and Hueter. "Gross' System of Surgery," 6th ed., vol. ii, p. 133: Dr. Gross speaks of unpleasant extravasation within the orbit from the cutting of the artery. To obviate this extravasation and to simplify the operation of Carnochan, thus designated by Dr. Gross as "severe and complicated, and requiring besides chisels and bone-nippers, two trephines, one three-quarters of an inch in diameter, and the other half an inch, the latter being intended for perforating the posterior wall of the antrum," I devised the method described below:

Mrs. N. P., aged forty-five, was sent to me from Shelbina, Missouri, July 26th, 1880, to obtain relief from a neuralgia of six years' duration, in the right upper jaw. During the six years she had not had a full hour's sleep without narcotics, and she had not passed a night but she had to walk the floor in agony at some time. Her teeth had been extracted without the least relief. Seeing that neurectomy offered the only hope of relief, the next day, July 27th, 1880, with the assistance of Drs. S. W. Durant, J. A. Wagner and E. B. Montgomery, I proceeded to operate, the patient being under the influence of ether. An incision an inch long was made through the skin down to the edge of the orbit, extending outward from the nose; another incision was extended downward for three quarters of an inch from the inner side of the first one. The included triangular flap was raised, so as to expose the nerve as it emerged from the infra-orbital canal, and a small, sharp, curved dental scraper, such as is used in finishing plates for artificial teeth, was used to cut through the superior maxillary bone into the antrum. The point of the same instrument was then passed over the

edge of the orbit and closely along its floor until the spheno-maxillary fissure was reached, at the point where the infra-orbital canal enters it; the point of the scraper was then pressed down, breaking into the antrum from above and behind, and carrying the trunk of the nerve before it. Through the anterior opening a strong artery forceps was passed, and considerable traction first made upon the nerve, and then the nerve was severed with a long bladed curved scissors passed through the antrum, near its point of emergence from the foramen rotundum. The forceps were then loosed and the nerve drawn through the infra-orbital foramen and excised. The wound was then carefully cleaned, and packed with oakum saturated with balsam Peru. The upper portion of the wound was closed with sutures, leaving the perpendicular cut open for drainage and the removal of the oakum. The whole operation, including giving of the anæsthetic and dressing, did not occupy twenty minutes' time. Very little blood was lost. The relief of the pain was immediate, and has been permanent. The resulting scar on the face was very small, and all the instruments necessary for the performance of the operation were a scalpel, a scraper, a pair of artery forceps and a pair of scissors.

ELYTRO-PERINEORRAPHY.

BY GEO. J. ENGELMANN, M.D., OF ST. LOUIS.

Rupture of the perineum complicated with prolapse of the uterus, in a greater or less degree, is a condition, unfortunately, often met with, especially among the hard working women of the poorer classes in city and country, whose labors have been attended by midwives or by kindly neighbors; who have good labors, strong pains, and, though it may take time, are delivered by the powers of nature of strong healthy children, and never keep their bed long, being forced by circumstances or custom, after the most necessary days of rest, to again return to their accustomed day's toil.

The progress of obstetric science has, fortunately, made this condition a much less frequent one among the clientele of the medical practitioner of to-day, as the timely use of instruments and proper management of the perineum will prevent the accident, and if it *does* occur (as it sometimes will), the immediate operation will relieve the patient from any evil consequences. Moreover, those more fortunately situated can retain the recumbent position for such time as is necessary for the complete restoration of the uterine body and its supporting parts; and among the more delicate ladies of the city, such accident, if it should have occurred, causes so much nervous and physical suffering that the aid of the gynecologist is soon called in. It is particularly among the hard working poor that we find those cases of rupture of the perineum and the cervix, with subinvolution of the uterus and its appendages; in course of time the enlarged, heavy uterine body, which has become retroverted, is found in a condition of prolapse, more or less marked, the perineum no longer affording the necessary support the relaxed ligaments and vaginal walls readily yielding to the unusual strain. It is in this condition that the sufferer, a drag upon herself and her family, no longer able to do her accustomed work, seeks relief. Rectocele and cystocele follow, and, finally, complete procedentia results. On account of the absence of the perineal support, and the immense pressure exercised upon the weakened tissues, pessaries as a rule are useless, possibly the very large tampon of cotton or tow may serve a temporary purpose. It is in these cases that some such instruments as the McIntosh supporter may be of service; at least they are often used by women without medical advice, and seem at times to keep the organ perfectly in place. From operative interference alone can permanent relief be expected, and perineorraphy, the closure of the ruptured perineum, perineorraphy *alone* is the operation usually resorted to.

I would especially refer to the milder of the class of cases I have spoken of, because in the more severe, complicated with complete prolapse of the uterus, simple perineorraphy would not be thought of. But in the simpler cases, with complete rupture of the perineum and a procedentia of milder form, perineorraphy is usually resorted to, and an apparently favorable result often achieved. If we examine these cases upon which the surgeon has prided himself, we will, however, often find the condition actually no better than before, but apparently relieved, the prolapse merely concealed by a thin barrier of mucous and cutaneous tissue, which like a fold of skin unites the lower portion of the gap, whilst the vaginal walls are as much relaxed as before; no involution has taken place; the perineal body is not restored, and in consequence no support given to the relaxed parts. It is evident that a complete operation for perineorraphy, as well as that of elytrorraphy, would be necessary under these conditions. But patients, though anxious to be relieved from suffering, and willing to undergo a single operation, are rarely prepared or willing to undergo the ordeal twice, most especially so if they have come a long way from home and are anxiously counting the days.

The operation of episiorraphy has sometimes been performed, especially in older women, where partial closure of the vagina was of no consequence; but while it prevents the falling out of the

uterus, it simply presents a somewhat more formidable barrier than the imperfect perineorraphy, without properly supporting the organ. I would, hence, in such patients as have not yet reached the change of life, advise the operation of elytro-perineorraphy at one sitting, which can, I think, be done without undue strain to the patient or too great a loss of blood, under ordinary circumstances at least.

Two cases, one of prolapse in the second degree, the other complete; both with complete rupture of the perineum into the sphincter muscles, may serve as an example.

In both a large triangular piece was removed from the posterior vaginal wall—its apex in the cervix uteri, its base at the vaginal outlet, merging in the portion exposed for perineal union. The base of this triangle may have been near three inches in length. A butterfly shaped denudation prepared the lacerated and cicatrized portion of the perineum for union.

The results in these typical cases, differing somewhat in their intensity as well as in many of their features, have been so satisfactory, characteristic of the classes which they represent, that I will not refer to other similar and simpler cases, but will simply review the leading features of these two.

(Concluded in next number.)

PERINEORRHAPHY.

Certain reasons why the immediate operation so often fails.

[A part of a lecture delivered before the Senior class Chicago Med. College.]

BY E. C. DUDLEY, M. D.

It is a common impression with the profession that the immediate operation of perineorrhaphy is much more easily performed than the secondary; indeed, the text-books are generally agreed that the alleged simplicity of the operation is because, immediately after labor, the torn surfaces may be at once approximated by sutures, without the necessity of previously freshening them by denudation. In other words, because the primary operation involves the simple approximation of the torn surfaces by sutures, while the secondary, which is not performed until after these surfaces have healed over without union, requires them to be denuded. This teaching is accountable for the general impression that the primary operation so often fails of union, and that it is, therefore, better to wait a number of months until the surfaces have cicatrized, and then, after denuding, introduce the sutures, i. e., to do the secondary operation.

It is now my purpose to show, first, that the primary operation is more difficult, if properly performed. Second, that it is almost, if not quite, as certain to succeed as the secondary. It is indeed true that the primary operation, as ordinarily performed, is a very simple procedure, simple in its conception, and more simple in its execution. Usually two or three silk sutures are passed with variable inaccuracy from one side to the other; these sutures are generally made to include the edges of the lacerated surfaces, together with more or less of the tissues beneath. They are not, strictly speaking, deep sutures, that is, they do not pass entirely underneath the torn surfaces, so as to be buried, as it were, throughout their entire length between the points of entrance and exit.

Moreover, as a rule, care is not taken accurately to adjust the torn surface of one side to its fellow opposite; on the contrary, it is rather the rule to find that this torn surface, when secured by the sutures, is permitted to ride up, as it were, against the mucous membrane of the other side, so as to be in contact with it; clearly such careless approximation could not possibly result in union. This, briefly, is the cause of the frequent and discouraging failures which follow this easy and simple operation.

Now let me impress it upon you once more, that this immediate operation is not so easy, not so simple. First, in a strong light, examine with care to determine the exact extent, direction and irregularity of the rupture. The perineum, as you know, may be torn to any point between the posterior commissure of the vulva and the bowel. It may be torn directly back toward the anus, or the rent may extend obliquely to the right or to the left. The torn surface may present a smooth or an irregular ragged appearance. Having satisfied yourselves upon all these points, then by means of the uterine tenaculum, and curved scissors, such as you have seen used in the clinic at Mercy Hospital, remove a strip of skin or membrane reaching entirely around the torn surfaces. The cutaneous surfaces of this strip, extending from what was the fourchette on each side of the line of the rupture, should be about one-eighth of an inch in breadth; the membranous portion extending from the same point around on the dividing line between the torn surfaces and the vaginal membrane, should be somewhat wider, perhaps three times as wide. This denuding is necessary, because without it the entire torn surfaces are not likely to unite throughout, and if they do unite, so much contraction of the united tissues takes place as to cause a shrinkage in the size of the perineum, and a consequent failure in the support which it should give to the vaginal walls; besides, the denuded are much more certain to adhere than the torn surfaces.

Before introducing the sutures, trim off any loose shreds of tissues which may be present as the result of the laceration. This is an important part of the

operation, because these shreds frequently slough, become foreign bodies, and endanger union. Be certain also that there are no vessels liable to bleed after the sutures have been twisted, because clots of blood in the line of union, not only favor the development of septic material, but they also diminish the prospects for success.

After this denuding and trimming has been done, introduce the sutures precisely in the manner described for the secondary operation, using an ordinary Emmet's straight needle, two inches long, and drawing the silver wire through by means of the attached loop of thread. You will find this part of the operation described in detail by reference to Emmet's Principles and Practice of Gynecology, in the chapter on Perineorrhaphy. It is essential to use silver wire sutures; the size of which I most approve is No. 26. The practical point, with reference to the number of sutures, contrary to the usual practice, is that they should be placed nearer together than in the secondary operation, because, unless this is done, the lochial discharges are almost certain to find their way between the united surfaces, with results disastrous to union. Use great care not to secure the sutures too tightly, as they may strangulate the tissues, and thereby encourage what is always to be feared in these cases, that is slough. If the sutures are left as loose as possible, and simply hold the surfaces in place, the necessary swelling will afterwards render them quite tense. Be careful before tightening them, to see that all clots of blood have been sponged away. The after treatment is precisely as for the secondary operation, except that all of its details should be carried out more strenuously. The sutures may be removed on the seventh day; if left longer, they cause suppuration, and the burrowing pus may destroy the adhesions already formed. It is safer to keep the knees bandaged together for at least two weeks longer. Union in these cases of primary operation requires a somewhat longer time to become secure than in the ordinary tissues.

The operation which has been described is clearly more difficult than secondary perineorrhaphy, both in its execution and in the after treatment. Moreover, I have no hesitancy in promising, that if you will proceed according to directions given, your results will be almost uniformly good.

With reasonable assurance of success in obtaining union, there can be no doubt about the propriety of the primary operation, and for the following reasons:

I. The patient will much more readily submit to the operation at the time of the accident than later.

II. If relief is not afforded at this time, the evil results of the rupture may follow before the secondary operation can be done.

III. If the surfaces are not brought into approximation by sutures, there is danger of the absorption of septic material, with all its evil results.

Society Proceedings.

CHICAGO ELECTRICAL SOCIETY.

REPORTED BY E. P. DAVIS, M. D.

On Monday evening, January 15th, at a meeting of the Chicago Electrical Society, held at the Grand Pacific Hotel, Dr. Roswell Park delivered an address upon Storage Batteries and the Electrical illumination of the Human Body. After reviewing the history of the storage of electricity he explained the modern methods, describing a battery whose elements were contained in test tubes, yet whose power was sufficient to melt wire and furnish a considerable spark. The storage battery was described as well fitted to meet the wants of medical electricians, from its cheapness and simplicity. Using a current from such a source, a bullet seeker was next exhibited, consisting of a probe to whose point ran two slender wires which were not quite in contact; when the probe finds metal, a circuit is established along the wires, and a peculiar murmur is produced by an interruptor in the handle of the probe. A bullet extractor consists of the probe with forceps jaws added, which can be extended and applied to the bullet when found.

An electrical laryngoscope was next shown. In remarking upon the illumination of cavities, the speaker mentioned the difficulty to be overcome in guarding against damage to tissues by the heat; in illuminating spaces, communicating freely with the air guards of tin about the source of light might be sufficient, while in closed cavities provision was made to be described later. The laryngo scope consisted of an ordinary throat mirror, along whose handle ran wires conducting the current to a platinum wire surrounded by a shield, and so placed that its light was thrown on to the throat mirror, obviating the use of a head mirror and lamp: the introduction of resistance from a rheostat caused the platinum to become incandescent, when any part of the fauces could be illuminated with ease.

To guard against heat in closed parts of the body, the conducting wires and incandescent material were accompanied by small tubes filled with cold water; a metal cylinder was fitted with a lead piston—the piston being drawn up, the cylinder filled with water. The descent of the heavy piston forced the water along the tubes, and by rubber tubes of small calibre each piece of apparatus was readily connected with the water supply: the return tubes along the handles of the different instruments carried back the water.

Instruments constructed similarly to the laryngo-

scope, but with the cooling apparatus, were shown for use in the urethra, rectum, vagina, nose, ears, œsophagus and stomach. The bladder has been successfully shown, but the greatest difficulties were met in the stomach. The original gastroscope was a flexible, ringed tube, which ended at an angle where the visual mirror was placed. It was too complicated for practical value, and its use on one occasion deprived an unlucky patient of a long shred of the lining membrane of the œsophagus; this led its inventor, a German scientist, to abandon it. It is stated that the patient recovered. Leiter's gastroscope is a metal bougie, bent at a considerable angle at the point of introduction, and furnished with the illuminating and cooling apparatus already described; by the attachment of prisms and mirrors, it is said that European observers have studied the stomach and œsophagus, the instrument being in situ for an hour. Dr. Park has made an attempt to use it upon an American patient, but it caused too much irritation to be borne. The instruments exhibited were imported by the Michael Reese Hospital, of Chicago, and those for illuminating the ear, throat, nose, rectum and bladder have been successfully used, the cystoscope proving as satisfactory as the ordinary ophthalmoscope. The cost of such apparatus is about $500, without the addition of duty.

CHICAGO MEDICAL SOCIETY.

REPORTED BY E. P. DAVIS, M. D.

The regular meeting of this society was held on January 22d, at the Grand Pacific Hotel, Dr. J. H. Hollister, the president, in the chair. Owing to the excessive cold, the attendance was very small, but the papers announced were presented and accepted.

Dr. G. C. Paoli read the report of a case of typhoid fever complicated with tuberculosis, and described the difficulties of diagnosis when tubercles were not sufficiently agglomerated to give rise to physical signs; the unpronounced character of the cough and pain, the variation in temperature common to both diseases, the disordered nutrition, and the continuance of the masked characteristics, rendered the case peculiarly instructive at a time when so much study is given to tuberculosis.

In commenting upon the paper, Dr. Hollister emphasized the disordered nutrition of the *cell* as the lesion, and its complete diffusion as an explanation of the difficult diagnosis.

Dr. J. G. Kiernan read a historical paper upon "Gouty Insanity," in which the case of Wm. Pitt, Earl Chatham, was described at length. The fact that the suppression of local manifestations of gout was often followed by cerebral disturbance was early known to the profession, and inoculation with gout, if the expression may be allowed, was suggested as a remedy. In Pitt's case, in the midst of a great political responsibility and success, gout, which he had had almost since boyhood, suddenly deserted its accustomed toe; he became suddenly fickle, unkind to his family, negligent of duty, most visionary and unreliable in judgment; his favorite residence was sold and repurchased at a loss; he left London for the country, secluded himself from his friends, and was only brought back to sanity by treatment addressed to a gouty diathesis. The temporary disability of the minister most friendly to America at a time when King George was pressing his impositions to the utmost, was instanced as a factor of weight in the circumstances which led to American independence.

On request of the president, Dr. Kiernan declared his intention of making further research in the literature of the subject, and embodying his results in a future paper.

It was declared that papers announced would be read despite small attendance from bad weather.

The society then adjourned.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, Jan. 6, 1883.

The President, Dr. Wm. Dickinson, in the chair. The annual meeting of the society was held, and the election of officers for 1883 resulted as follows:

President, Wm. L. Barrett, M. D.; Vice-President, G. F. Dudley, M. D.; Recording Secretary, A. H. Ohmann-Dumesnil, M. D.; Corresponding Secretary, G. Hurt, M.D.; Treasurer, W. E. Fischel, M. D.

SATURDAY, Jan. 13, 1883.

The retiring President, Dr. Wm. Dickinson, made an address, in which he stated the work that had been done during the past year, giving the number of meetings held, average attendance, number of papers read, of members admitted and reinstated. He paid a tribute to the memory of those members who had died in 1882, and recommended, among other things, the appointment of a relief committee, whose duty it would be to see that medical gentlemen who are in indigence, through misfortune, or causes over which they had no control, be relieved by this committee in such a manner as not to leave an impression that alms were being tendered to them.

The President-elect, Dr. Wm. L. Barret, after expressing his thanks to the members for the honor conferred, asked that all work earnestly to promote the welfare of the society, and to do so in such a manner as to make physicians eagerly seek membesrhip. He remarked that this was the representative medical society of St. Louis; that it was of a democratic character, and that it was the society

of the whole profession, and not that of any clique or class, but rather of all respectable physicians, no matter what might be their personal or professional affiliations. Any honor paid to the society belongs to the whole profession, and any disgrace that stains it tarnishes in some degree the fair fame of the profession of St. Louis.

He further said that no member had a right to shirk nis just portion of responsibility through indifference; and he felt certain that if this idea prevailed, the cause of science and our local and professional interests would be benefited, whilst personal intercourse would be more intimate and agreeable.

SATURDAY, Jan. 20, 1883.

The President, Dr. Wm. L. Barret, in the chair.

A committee of five was appointed to coöperate with one from the State society to secure the introduction of a bill into the legislature to regulate the practice of medicine.

TAPE-WORM IN A CHILD.—Dr. I. Love reported a case of tape-worm in a child fourteen months old, in which he used about one-sixth of an ounce of pelletierine, the child having been put upon milk diet, and its bowels moved the night previous. Fifteen minutes after the remedy had been given about a half drachm of compound tincture of jalap was administered, and in about three hours the worm was expelled. An enema of sulphate of soda and soap water stimulated the straining movements, but the head of the worm was not positively found.

Dr. Barret suggested that it would have been better to inject a solution of the pelletierine. He generally gives kousso, and recommends the patient to inject a solution containing it.

TRACHEOTOMY IN CROUP.—Dr. Porter spoke of a case of so-called membranous croup in a child almost *in extremis*, breathing well, however. In the afternoon he found that the bronchial tubes were involved and the lungs infiltrated. The question of tracheotomy was discussed. Dr. Porter advised against the operation, which was performed, nevertheless. Artificial respiration and suction were resorted to, to force mucos out of the lungs. The child died, and tracheotomy could not have saved it.

Dr. A. Green thought that as soon as we are convinced that we have a case of membranous croup to deal with, the sooner we operate the better. Of course, if there is exudation in the lungs there is little hope. The operation alone is not sufficient. The case should also be treated antiseptically.

Dr. Mulhall thought as soon as symptoms of obstruction of the larynx appear, the operation should be performed and not employed as a *dernier resort*.

Dr. Porter said that the operation was not performed earlier because the laryngeal obstruction was not great, and because the lungs were involved.

Dr. Green said that if it was true membranous croup, the catarrhal pneumonia was secondary; and if we wish to avoid this, we must operate as soon as possible.

THE CASE OF LODENSKI.—Dr. Mulhall reported that he had examined Lodenski, who had been treated for five years, having seen him in Vienna. After cessation of treatment for two months, the right vocal cord became fixed in the median line, and the left only movable for one-sixteenth of an inch. It would not be judicious to close the external opening. When the traumatism is below the vocal cord and the stricture made of cicatricial tissue, the results are never good.

ST. LOUIS MEDICAL SOCIETY.

At the meeting of January 27th, the early part of the evening was occupied with a discussion relating to the best manner of securing suitable legislation to regulate the practice of medicine.

Dr. F. J. LUTZ, in lieu of a formal paper, presented specimens illustrating some points in bone surgery. The first was a case of comminuted, impacted, extra-capsular fracture of the neck of the femur in a man aged 77 years, the result of a fall in which he struck upon the hip. A long straight splint was applied for some time, but decubitus developed and the splint was removed, and reliance was placed upon sandbags to keep the limb in position. However, the patient began to fail and finally died. The specimen showed that attempts at union had been made; the fragment which contained the trochantuer major was quite firmly attached by new bony tissue. The second case was that of a young man, 24 years old, who had suffered since childhood with disease of the knee-joint. The left leg was four inches shorter than the right, and the head of the tibia was dislocated backwards. Sinuses led down to roughened, dead bone. There was on apparent disease of the articular surfaces. Dr. Lutz had made an exsection of the joint. He found the head of the tibia excavated, but the articular surface of the femur not destroyed. The ligaments were all greatly stretched, thus permitting the backward dislocation already mentioned. The lower surface of the patella was destroyed also, and this was accordingly removed. The patient rallied rapidly, and two months after the operation firm union had been obtained. After removing the wire splints sinuses began to form. There was a good deal of irritation and severe cellulitis. Finding that the bones had united with a considerable angle, and that the prolonged suppuration was telling unfavorably, and developing a cachectic condition, he advised the patient to submit to amputation, which was done January 14.

Dr. Borck, in discussing the first case, suggested a question whether a plaster of Paris dressing would not have given the patient a better chance for recovery, by allowing him to be up and move about.

Dr. Mudd thought it would be difficult to give much support by means of a plaster of Paris splint when the fracture is at the cervix, and not in the shaft of the femur. It does not give much lateral support. Its advantages are found only when the patient is up and moving about the room, as the weight then makes efficient extension. When the patient is reclining or sitting, no extension is made with the plaster dressing. He did not approve of the long splint in such cases. The character of the dressing and the attempts to repair the injury indicated that a splint was needed. Possibly the Hodgen splint or the Nathan Smith splint would have secured a better result. In cases of intra-capsular fracture, where union could not be expected, he would put the patient in bed and apply a splint until the pain and symptoms of irritation about the site of fracture had disappeared, hoping that deposits of bone would be thrown out in such a situation as to admit of a tolerable use of the limb.

ILLINOIS STATE BOARD OF HEALTH.

The regular meeting of the Board was held at its office in the capitol building at Springfield, January 11th, 1883. The regular order of business was suspended, and the Board went into executive session to examine the cases of certain medical colleges against which charges had been made. The quarterly report of the secretary was presented, from which it appears that a few scattering cases of small-pox have occurred in the State, attributed to infection from Chicago, Cincinnati and Pennsylvania. The history of the cases showed that they had not been vaccinated at all, or not since infancy. There have been no cases among the immigrants since June last, when inspection was begun. The section of the Fourth Annual Report on Medical Colleges, embracing the report of the Committee on Medical Education, and the schedule of Minimum Requirements entitling the Schools to recognition under the Medical Practice Act, has been distributed throughout the State, and has met with a satisfactory number of responses from college faculties. Without exception they approved of the efforts of the Board to elevate the standard of requirements.

A resolution was passed, instructing the secretary to call a convention of all the health organizations in the State, and to invite the authorities of every town in the State having a population of one thousand or over to send delegates.

The Committee on Prevalent Preventable Diseases reported the preparation of a circular of instruction on the prevention and control of scarlatina, diphtheria and typhoid fever. They state that it is estimated that out of a thousand deaths, one hundred and thirteen were due to these three diseases in about the following proportion; seventeen from scarlatina; forty-five from typhoid fever; and fifty-one from diphtheria. On the same basis, it was also estimated eighty-two out of every thousand deaths were caused by cholera infantum; while two hundred and fifty out of every thousand deaths were children under one year, and four hundred and thirty were under five years of age. In view of this large mortality among children, a pamphlet was ordered to be prepared on the Hygiene of Infant Life, and to be distributed throughout the State before the summer begins.

Notice—To Medical Societies.—Secretaries of Medical Societies in the State of Illinois are requested to forward lists of the officers and members of such societies, with post-office addresses, to the Secretary of the State Board of Health, at Springfield. These lists are needed to facilitate the proper distribution of the publications of the Board and for other purposes.

MICHIGAN STATE BOARD OF HEALTH.

Reported for the *Weekly Medical Review*, by Henry B. Baker, M. D.

The regular quarterly meeting of the Board was held at its office, Lansing, Michigan, Tuesday, Jan. 9th, 1883. The subject of Oil Inspection was brought up, and it was stated that it was alleged that much oil is sold without undergoing the inspection required by law. Drs. Hazelwood and Baker were appointed a committee to take such action as might be deemed necessary on the subject.

The secretary submitted his report, in which he mentioned the efforts that had been made to prevent the introduction of contagious diseases by immigrants; also a résumé of the work of other State Boards of Health, which showed that in three counties of California small-pox had been introduced by immigrant cars. The authorities provided for inspection, and so stopped the further introduction of the disease.

A resolution was passed, requesting the State's representatives in Congress to endeavor to secure the passage of a bill for an appropriation to enable the National Board of Health to co-operate with State Boards and quarantines, in efforts to prevent the introduction of contagious diseases into the United States, and their spread from one state to another.

An analysis of apple-butter made in tinned cop-

per vessels was presented, which showed distinct traces of lead and tin, and a slight trace of copper, the acid of the fruit having acted upon the tin, which contained dangerous quantities of lead. Analysis of the tinned copper used in making "copper boilers," and other kitchen utensils, showed that the tin contained a large quantity of lead, about two-fifths, and that a square foot of tinned surface contained an equivalent of 150 grains of metallic lead. The ordinary clothes-boiler used in the kitchen, when made of this material, would contain 2⅓-ounces of lead on its surface.

The Committee on Legislation reported an act requiring the registration of plumbers.

A resolution was passed requesting the Committees on Legislation and Building to take into consideration the feasibility of a State law requiring all plans for new dwellings to be submitted to the local board of health for approval.

The following resolutions were passed: That an examination should be required of all who are to practice medicine in this State as to their qualifications. That such examinations should be restricted to questions in demonstrable knowledge as distinguished from questions of mere opinion.

NOTICE.

The Illinois State Board of Health is engaged in revising the Official Register of Physicians and Midwives for publication. All changes of address and other corrections should be sent to the Secretary at Springfield.

The Maryland Medical Journal announces an enlarged editorial staff, including the following names, viz., Thos. A. Ashby, M. D., I. Edmund Atkinson, M. D., H. J. Buckley, M. D., R. D. Coale, Ph. D., Eugene F. Cordell, M. D., Oscar J. Coskery, M. D., Wm. T. Councilman, M. D., Thos. S. Latimer, M.D., John S. Lynch, M.D., John N. Mackenzie, M. D., J. Edwin Michael, M. D., W. T. Sedgwick, M. D., Samuel Theobald, M. D., L. McL. Tiffany, M. D., Randolph Winslow, M. D., each of whom will have charge of a separate department. The size is increased to thirty-two pages.

Geo. M. Beard, whose name has been well known by reason of his frequent contributions to the journals, and through the book on electricity in medicine of which he was the joint editor with Dr. Rockwell, died in New York January 23rd, at the age of 43 years. He was a native of Connecticut, received his literary education at Yale college and his medical education at the New York College of Physicians and Surgeons. His writings and practice dealt principally with diseases of the mind and nervous system.

Prof. Larnier was so pleased with the plan of keeping a carbolic acid spray constantly playing in the wards of the lying-in hospital, that he has introduced it in his wards in the Maternité in Paris.

The Sanitarian also appears now each week instead of monthly as heretofore. The success of this journal is an evidence of the increasing interest in matters of hygiene and sanitation.

Prof. Von Pettenkofer's eminence in the science of hygiene has been recognized by the king of Bavaria, who has conferred upon him a patent of hereditary nobility.

Gaillard's Journal has been combined with the American Weekly, and becomes a weekly journal, instead of a monthly as heretofore.

THE ARMY.

Official List of Changes of stations and duties of officers of the Medical Department U. S. Army, from January 8, 1883, to January 23, 1883.

Skinner, John O., Captain, and Assistant Surgeon, granted leave of absence for one month. (Par. 2, S. O. 5, A. G. O., January 6, 1883.)

Spencer, Wm. G., Captain and Assistant Surgeon, the leave of absence on Surgeon's certificate of disability granted September 20, 1882, is extended three months on surgeon's certificate of disability. (Par. IV. S. O. 16, A. G. O., January 19, 1883.

Wood, Marshall W., Captain and Assistant Surgeon, granted leave of absence for one month. (Par 3, S. O. 4, Dept. of the East, January 8, 1883.)

Johnson, R. W., 1st Lieutenant and Assistant Surgeon, granted leave of absence for one month. (Par. 2, S. O. 4, Dept. of Dakota, January 5, 1883.)

Munday, Benjamin, 1st Lieutenant and Assistan Surgeon, assigned to duty at Fort Klamath, Oregon. (Par. 3, S. O. 195, Dept. of the Columbia, Dec. 29, 1882.)

The Weekly Medical Review.

Vol. VII. No. 4. CHICAGO AND ST. LOUIS, FEBRUARY 10, 1883. Terms: $3.00 a Year.

Urinary Abscess in certain strictures of the urethra may be a fortunate occurrence, provided the urethra itself is not opened and extravasation of urine so caused. But if it discharges externally in the perineum, forming a channel for the escape of the water, instead of being a cause of apprehension it may be regarded as a happy escape from a serious condition. Reginald Harrison, speaking of the danger of extravasation, says (London Lancet): When, however, it is anticipated, or dealt with before much damage has been done, the risk is comparatively slight, provided the patient's health has not been seriously deteriorated by long-standing suffering. He says further, that it may occur without the presence of stricture; that gonorrhœa, the use of bougies or strong injections, may produce it. Its premonitory symptoms are tenderness in the perineum, swelling, and irritation of the bladder. If there be no stricture, there need not be much anxiety, as the inflammation will generally yield to appropriate treatment. If the swelling should increase to such an extent as to press upon the urethra and cause retention, an incision will be necessary to relieve that condition, but in making it care should be taken to avoid injuring the urethra. If a stricture be present, however, and an abscess forms which opens the urethra and causes extravasation, incisions should be made wherever the infiltration exists. It is a generally accepted doctrine that in these cases the only thing to be done is to open the abscess early and make incisions for the extravasation. He says, that in almost all of these cases the damage is in front of the deep triangular ligament, and yet it cannot always be determined whether there is not also some trouble behind it. In all of these cases he not only incises the perineum, abscess and urethra, but also introduces a tube similar to a lithotomy tube, which is retained in the bladder and a means thus provided for the free escape of the urine. The tube is allowed to remain in for about a week, or until all sloughs have passed and the wound in the perineum has cleaned. In some cases he has found that the stricture, which was formerly tight and unyielding, has been so changed that it could be dilated with bougies. He says that the incision in the perineum should be in the median line; that although the abscess may be lateral, still the incision must correspond with the raphé, otherwise hemorrhage and permanent fistulæ may result. From his observations he concludes; that in all cases of perineal abscess, with organic stricture and extravasation of urine, perineal urethrotomy behind the stricture should be performed, and a tube inserted into the bladder to keep it drained; that the stricture should not be treated until relief from the abscess, retention and extravasation is obtained.

Quite an Interesting Account of Beriberi is given in the New Orleans Medical and Surgical Journal by Dr. Rudolph Matas. He had the opportunity of observing a case in Cuba, and in his paper he reviews the entire subject. After devoting some space to the etymology of the name, without arriving at any definite conclusion, he gives the clinical classification of the disease, preferring that of Da Silva Lima, who believes it to be exhibited either as (1) a paralytic, (2) a dropsical, or (3) a mixed form. The third variety is the one considered here, manifesting itself by marked debility of the legs, shooting pains which increase, diminution of lactile sensibility, tingling, analgesia

or hyperæsthesia, intense epigastric tenderness, marked dyspnœa, languor and general debility. Pallor increases, there is a tendency to somnolence, and œdema makes its appearance. The respiratory functions become greatly interfered with, and, if not promptly relieved, soon culminates in a delirious orthopnœa, and death. The urine is decidedly acid and the temperature normal. In its most pernicious forms it may destroy its victim in twenty-four or even in the short space of six hours! The average duration is fifteen days, or even one month may elapse before recovery. At no time can the slightest alteration, of etiological value, be found in the heart, liver or kidneys, and the pathological anatomy is negative in its results. It is conceded by observers that there is an increased formation of white blood corpuscles. The general opinion of writers is, that it is a miasmatic affection, very much akin to malarial intoxication, and like, probably, dependent upon a germ for its causation. The probable origin of the disease, the author states, is traceable to importation by the Chinese mainly, and to other Asiatic immigrants, as far as this continent is concerned.

Pregnancy Nephritis is a disease of such rare occurrence that, according to Dr. Reginald Southey (London Lancet), a physician may follow his profession for years without meeting with a case. It is a disease, he says, unaccompanied by any symptoms attracting serious attention, until its presence is made known by rapid anasarca, sudden convulsion, uræmia or cerebral disturbance. He divides the nephritis of pregnancy into three varieties, differing in their symptoms, causes and issue. The distinction in their prognosis he regards as very important. These varieties are; eclampsia parturientium, a succession of epileptic convulsions happening at the time of labor; chronic Bright's disease complicated with pregnancy and becoming more dangerous while that condition lasts; and pregnancy nephritis proper, which, he says, is a cortical, glandular nephritis, an acute change in the nutrition of the epithelium of the kidney, and which may occur in the third month, but more frequently in the sixth, and which may be accompanied by all the symptoms of the other varieties and sometimes even by death, but which usually ends suddenly with miscarriage and entire recovery. As to the etiology of the disease, he says, it may possibly be due to pressure on the neck of the bladder, whereby increased pressure of the urine in ureters, the pelvis of the kidney and tubuli uriniferi is produced, and in favor of that view are the following facts: That it occurs usually only in the latter months of pregnancy; that primiparæ are more liable to it than multiparæ; that it is almost peculiar to twin pregnancies; and that the anasarca and albuminuria quickly pass off. He does not believe that any lasting injury is done to the kidney, but that it is, at the beginning, a functional trouble principally. The prognosis is good for first pregnancies, but after that the nephritis lasts a longer time with each pregnancy, and after delivery is more likely to pass into the chronic form. In pregnancy nephritis, he says premature labor should be brought on as soon as possible.

A Case of Fibrous Papilloma of the Female Bladder was operated on by Frederick Thorne, its removal being effected through the urethra. The particulars of the case are given in the London Lancet, from which it appears that there was considerable hemorrhage, with symptoms of cystitis. An examination for stone was made, but failed to reveal the presence of one. Injections were used, but the one which seemed to control the hemorrhage best was one containing fifteen grains of alum to the ounce of water. Examination of the urine showed large numbers of round-tailed and spindle-shaped cells, and red blood discs of shriveled appearance. A small fleshy particle was also found in the deposit, in which there were blood vessels. An operation being consented to, the patient was placed under chloroform and the urethra rapidly dilated. On introducing the finger a large, soft mass was detected, which was attached by a pedicle to the base of the blad-

der. This was drawn out by the forceps, together with a portion of the bladder. The pedicle was transfixed by hooks and the mass removed. Tincture of iodine was applied to the stump of the pedicle, and it was then returned into the bladder, which was injected with iced water with ten per cent of tincture of iodine. The injection washed out another mass nearly as large as the one removed. Altogether the growth was about as large as a lawn tennis ball. Ten days afterwards severe hemorrhage set in, large clots passing from the bladder every few minutes. Ice was used both over the bladder and in the vagina, and iced water with tincture perchloride of iron injected, but the bleeding was not arrested until gallic acid was given. After this the patient made a good recovery. The growth proved to be a papilloma with fibrous base.

Nasal Diphtheria, or that manifestation of the disease which takes its origin in the nasal cavities, and is either confined to that locality or spreads from them to the pharynx and trachea, does not seem to have received the consideration from writers on diphtheria which its importance demands. Dr. Thomas Amory De Blois says of this variety of diphtheria (New York Medical Journal), that children are usually the sufferers, that it is catarrhal in character, and when mild may attract but little attention, the patient being supposed to have a "bad cold." He says the disease begins with snuffling and a watery discharge, which changes to a purulent, fetid one. The mucous membrane is red, and in many places white patches are seen, which soon run together and form a membrane as closely attached as that in any other form of the disease. The whole surface of the nasal cavities becomes covered with it, and anteriorly a bright red line marks its separation from the skin. He says it is sometimes accompanied by difficulty in breathing and dyspnœa, but as the larynx is not involved this would seem to be owing to spasm of the glottis. The termination of the disease is generally in recovery, when, after a few days the membrane becomes loosened, and is discharged; or it may become chronic, or pass down into the larynx and trachea and destroy the patient's life. He reports three cases, two of children and one a man forty years of age. Of the children, one died in forty-eight hours after the first examination, and the man in thirty-six hours.

The Reasons for the Change in the Code of Ethics, as given by "one of the advocates," are (New York Medical Journal): 1. The old restriction was inoperative. 2. It failed to lessen quackery. 3. It was opposed to the general judgment of the public. 4. It affronted and made enemies of all medical men declared to be irregular. 5. It infringed on individual rights. 6. The definition of an irregular physician as given in the old code does not describe all in the State who are classed as irregular. 7. A legal wrong was done by the old code in the opinion of eminent lawyers. 8. It was a hindrance to securing medical legislation for the general elevation of the profession.

The advantages of the change are: That it does away with the old restriction; that it is in harmony with general ethical principles, which urge the discharge of our duty towards ourselves and our brother, rather than the assumption of a special attitude towards a class prejudged and condemned; that it places the profession beside that of France and Germany; that it gives opportunity for showing that the surest way to vindicate the superiority of scientific medicine is to let it come in contact and comparison with charlatanry.

The Special Objections Made to the Change Are: 1. That it was the work of specialists who wished to increase their consultation practice. 2. That the code was rushed through the society hastily by a small vote. 3. That the new section is an entire surrender to dogmatic medicine, i. e., an acknowledgment of the truth of homœopathy, Thomsonianism, etc., and that it implies the confession of having previously held a false position. 4. That the homœopathist or other medical dogmatist can have nothing in com-

mon with the scientific practitioner, and that consultation between the two must, a priori, be absurd, futile or even injurious. 5. That it will lower the tone of the profession.

We have made this summary of the reasons for, and the objections to, the change as given by "one of its advocates" without giving his remarks upon them, for the reason that they seem to include all that can be urged pro and con, and we wish our readers to weigh them and draw their own conclusions without being influenced by those of "one of its advocates."

TETANUS occurring in a female who had trodden on a piece of glass, and which was embedded in her heel, was treated with fluid extract of gelseminum sempervirens by Dr. John B. Read, of Alabama (British Medical Journal), with recovery of the patient. Knowing that the drug possessed the power of relaxing the voluntary muscles, he determined to try it in this case. It was given in twenty-minim doses every two hours, alternating with the same amount of liquor potassæ. Milk and soup were given frequently, although there was much difficulty in swallowing. By the second day there was slight improvement, the jaw was not so rigid and the spasms were less frequent. But towards night the rigidity of the jaw returned, and the muscles of the chest became powerfully contracted. General spasms were frequent, and sometimes took place during sleep. The dose of the gelseminum was increased to forty minims every two hours. On the third day there was great improvement, and the remedy was continued in the same doses. At the end of the fourth day the jaws were entirely relaxed, and the spasms milder and the intervals between them longer. The doses of the extract were then reduced to twenty minims, which were continued until the patient had entirely recovered. There was no vertigo, nor any of the symptoms which sometimes follow the use of gelseminum. The doctor advises its use in hydrophobia, and suggests that it be given sub-cutaneously both in tetanus and hydrophobia.

THE ENTRANCE OF AIR INTO THE VENOUS CIRCULATION, while comparatively a rare occurrence, has long been recognized by the profession as a cause of sudden death. Dr. F. W. Draper reports two cases (Boston Medical and Surgical Journal) in which sudden death from this cause followed attempts to produce abortion. In one case the attempt was made by the woman's paramour, in the other by a physician, and in both, the instrument used was thought to be a catheter. The results of the autopsies are interesting, in that they showed an almost indentical condition of things in the different organs in both cases. It was found on making an incision over the sternum that air escaped from the divided vessels. The pericardium in each case was distended, the right cavities of the heart were enlarged, and on making a small puncture into the ventricle a puff of air, without odor, escaped. The left cavities were contracted and empty. The lungs were congested, the kidneys hyperæmic, the livers healthy, but on cutting into them bubbles of air came from the vessels. The inferior venæ cavæ were almost entirely filled with air instead of blood, and the uterine and iliac veins also contained air. On cutting into the uterus of the first case, an ovum of three months was found, and one of seven or eight months in the other. It was found that the instrument had not passed into the amniotic cavity, but had torn the decidua from the uterine walls, and exposed the mouths of the sinuses, and had thus allowed the air to enter.

THE ARKANSAS STATE LUNATIC ASYLUM is about completed, and judging from the report of the Board of Trustees it has been constructed with all due regard to the health and comfort of the inmates. Inquiry by letters, addressed to the sheriffs of the different counties, shows that throughout the State there are more insane subjects than can be accommodated, so that the building will be full from its opening. Dr. C. C. Forbes, of Louisville, Ky., has been elected superintendent.

Retroversion of the Gravid Uterus, a condition of not infrequent occurrence, takes place in the early months of pregnancy, before the womb has risen into the abdominal cavity, but one retroverted to the degree as the one given below is somewhat unusual. A case was related by Mr. E. Skinner, at the Sheffield Medico-Chirurgical Society (London Lancet), in which the fundus of the uterus was detected at the orifice of the vagina, with the os above the pubes. The case was first seen by a midwife, and five days later by Mr. Skinner. In the interval no urine had passed on account of pressure upon the urethra by the uterus. A catheter could not at first be passed, but later the bladder was emptied and the woman placed in the knee-elbow position, when the uterus returned to its natural position without assistance. The accident recurring in a few days, a Hodge's pessary was used to support the organ, but abortion took place the next day.

Strict Antiseptic Midwifery is practiced in the British Lying-in Hospital, according to the British Medical Journal. Each patient is delivered under a carbolic spray of one in sixty; she is twice daily syringed out with a two per cent solution from the first day after labor. Every patient receives three times a day a mixture of ext. ergotæ liq. gtt.x. tr. opii gtt. v., quiniæ sulph. grs.ij, acidi phospor. dil. gtt. x, aquæ ℥i. According to the presence of any idiosyncrasy in the patient this mixture is modified. In each ward of the hospital there is continually playing a carbolic spray of 1 in 80. All washings of the genitalia are done with a 1 in 60 carbolic solution. The beds consist of horse-hair mattresses, on springs. Each ward contains four beds and is disinfected with burning sulphur, the floors being washed over with carbolic solution after three relays of four patients.

Do House Flies Convey Infection? is a question which has engaged the attention of Dr. Thomas Taylor, of Washington (Popular Science Monthly), and is one, he thinks, of great importance. Considering the fact that they may be carried from one part of the country to another, and from persons suffering with contagious diseases to healthy ones, it becomes a question worthy of careful investigation. His attention was first directed to it by seeing the sufferings of a fly from *auguilulac.* In his experiments he found that if the larvæ of flies were confined in a receiver with rust-spores, they ate the germs. If the spores were sprinkled on sugar, they ate both. From his experiments he concludes that flies may carry spores to plants and other bodies, but the fact that they consume the greater portion of the spores indicates that they may destroy germs as well as disseminate them.

A Salivary Calculus was spontaneously evacuated by a patient of Dr. Henry W. King, who reports the case in the British Medical Journal. The patient was a mechanic aged 38. He had noticed some hoarseness for a couple of days, but did not observe any fullness in the mouth. He obtained some liniment to rub his throat with before going to bed, and some hours later he felt something under his tongue, and putting his hand to his mouth found a hard substance in it, which on examination proved to be a calculus, almond-shaped, somewhat nodular, about an inch and a half long, composed of carbonate of lime, and weighing when dried thirty-six grains. Investigation of the patient's mouth revealed an opening into a dilated Wharton's duct, in which the calculus had formed and had lain for some time.

Applications for Chilblain have been recommended (New Remedies) as follows: Where the skin is broken, yellow-wax 15 parts, rape oil 50 parts, yolk of egg 1 part, acetate of lead 5 parts. Where the skin is unbroken; tincture of iodine 2 parts, ether 15 parts, collodion 50 parts.

Dialyzed Iron contains, according to Prof. Tichborne, (New Remedies) 98.5 parts of the oxide and 1.5 parts of hydrochloric acid. As to its therapeutic worth, Dr. Prosser James thinks there is no doubt.

Bogus Diplomas.—The report of the Commercial Committee on Medical Legislation of the Nebraska State Medical Society, calls attention to the sources of many of the fraudulent diplomas. The report says: "One J. B. Campbell, of Cincinnati, O., sells for a trifle the diploma of his so-called American Health College, together with a book of directions which will enable any person, however ignorant, to practice his great vito-pathic system of health for body and soul. Certificates of the Board of Health and Superintendent of Police of Cincinnati are on file, which state positively that Campbell is simply a quack engaged in the sale of fraudulent diplomas.

"A large number of the fraudulent diplomas found are from Buchanan's old diploma mills at Philadelphia, and from George H. Field, of St. Louis, Mo., who is dean of the so-called St. Louis Eclectic Medical College. He also sells the diploma of what he calls the National Eclectic Medical Institute, an institution organized by Buchanan, but now run by Field. The diplomas of this concern are sold for five dollars."

Nasal Polypi are usually easily recognized, hypertrophy of the mucous membrane over the turbinated bones being the condition with which they are generally confounded. Their removal is best accomplished by means of the snare. After removal, Dr. G. S. Ryerson (Canada Lancet) touches the stump with glacial acetic acid, stopping the pain from its application by a spray composed of: Acidi carbolici, gr. i.; sod. bibor., sod. bicarb, āā grs. iii; glycerine, ʒi; aq. ʒi. He also recommends the following: ℞. Pulv. potass. chlor., ʒii; pulv. zinci. sulph., grs. xx; pulv. acid boracis, ʒii. M. Of this a teaspoonful is put in a teacupful of water, and either drawn up through the nose or applied by means of the syringe or post-nasal douche.

The New York County Medical Society, at a special meeting on January 29th, adopted by a vote of 147 to 60 the following resolution: Resolved—That the medical society of the county of New York approves of the amendment to the by-laws of the medical society of the state of New York, adopted at the annual meeting in February, 1882; and that we indorse the system of medical ethics therein substituted for the former one, especially because it leaves the matter of consultation to the discretion, the honesty and the humanity of the individual practitioner.

Drs. Roosa, A. H. Smith, C. R. Agnew, and Fordyce Barker spoke for, and Drs. Austin Flint, Sr., J. T. Adams, Gerrish and Dwyer against, the resolution.

The Anti-Malarial Influence of Eucalyptus Trees, which was first discovered by Trappist monks, who had settled in a malarious situation outside of the Porta di S Paolo at Rome (Journal of Forestry), has induced the Italian government to make arrangements for the establishment of a farm, under the management of the Trappists, for the purpose of reclaiming certain lands by the convicts. The experiment has proved a success. 12,500 trees have been planted annually, and are doing well. They are planted out in trenches as soon as danger from frost is over.

An interesting fact is the large amount of water which they take up from the soil.

A Solid Mesenteric Tumor was removed in June last by F. Spencer Wells (British Medical Journal, 1882), which had its origin in the cellular tissue at the root of the mesentery, near the lumbar vertebræ. It was connected with the ascending colon and received its blood from the mesenteric vessels. There was some difficulty as to diagnosis, and different opinions expressed as to its nature, some believing it uterine, others ovarian, but the operation showed that the uterus and both ovaries were healthy. The patient made a good recovery, the temperature never rising above 100°.

Bromide of Ethyl is recommended by Dr. William Squire (New Remedies) for whooping cough and angina-pectoris, in a solution of one part in two hundred of water. The dose is one-half to two ounces.

Malaria in Children merits more attention than has been bestowed upon it, for there is no doubt that many of the ailments from which children suffer are but the manifestations of the presence of the poison in the system. Nor is it an unreasonable conclusion that the susceptibility of children to malarial influences is as great as that of adults. The diagnosis, it is true, is often difficult, and hence its influence as a cause in diseases is not appreciated. As serving to clear up this difficulty, Dr. L. Emmett Holt furnishes an article to the American Journal of Obstetrics on the symptoms and diagnosis of malaria in children, which is the result of observations made in one hundred and eighty-four cases. He says that it is often very gradual in its approach, that it may be present for some-time before it is recognized and treatment adopted. Out of one hundred and fifty cases there was a chill present in thirty-four, or about one in five. Fever, the most important and constant symptom, varies, the temperature in some cases being highest at first, followed in twenty-four to seventy-two hours by a remission and assuming that character afterward; in others the fever is slight at the beginning and occurs at a regular time, usually toward night, gradually increasing in severity and may become a continued fever, or it may have from the beginning a remittent or intermittent form. The height of temperature varies from 101° to 103.5°. Sweating occurs oftener than the chill. Head symptoms are usual, frontal headache being complained of where the child is old enough to tell of its sufferings; drowsiness or stupor, either with or without fever, and occurring at a regular time of the day, is frequent, and is regarded as an important symptom. Convulsions and dizziness are not common. The quotidian type is the one most frequently observed.

Enteric Fever, occupying as it does an important place among the acute infectious diseases, will demand more than ordinary attention as long as its death rate remains so high, and any plan of treatment which tends to diminish that rate should be given due consideration and a faithful trial. Dr. James C. Wilson treats the disease (Boston Medical and Surgical Journal) after the following plan: If the patient is seen at the beginning of the fever he is put upon a diet of milk, animal broths, jelly, and simple custards. A dose of calomel, seven and one half to ten grains, is given at night and every second evening until three or four doses have been taken. The diarrhæa may be slightly increased, if it has already existed, but the temperature seems to be controlled in some cases. If the case is not seen until the tenth day, one or possibly two doses of calomel are given, but they are not repeated unless constipation takes place, which, if it does come on, is to be treated by doses of seven and one-half grains of the drug, repeated at intervals of three or four days, unless there are indications of serious intestinal involvment, when, if such symptoms are present, the lower bowel is to be emptied by an enema every three or four days. If there be profuse diarrhœa it is controlled by opium. The patient is kept in the horizontal position, but is occasionally turned on his side and supported in that position for half an hour at a time. The following is given regularly, from the beginning, every two or three hours after food, day and night, in a sherry glassful of ice-water, in doses of one, two or even three drops:—℞. Tinc. iodinii, f ʒij; Acidi. carbol. liq. f ʒi., M. When the temperature in the axilla reaches 104°, quinine is given in solution on the following morning, in doses of eight or ten grains, at five, half past five and six o'clock. If necessary, this is repeated in forty-eight or seventy-two hours, and if it is rejected by the stomach half the quantity is given hypodermically. For nervous symptoms the bromides, alone or with chloral, may be used during the first ten days; later on, chloral is regarded unsafe. The number of cases treated by this method was sixteen; all recovered.

Syphilitic Hepatitis in Children is an affection which is not generally easily recognized. Dr. Hugo Engel (Am. Jour. of Obstetrics) says: That although the child when

very young may have shown some indications of syphilis, they are generally forgotten from their disappearance after the use of calomel, given either accidentally or intentionally. He says that the syphilitic hepatitis of children resembles the cirrhosis of the liver caused by alcohol, but that the cirrhotic process is not as uniform as in the latter. There is an irregularity in the outline of the organ, caused by a sinking in, as it were, of large patches, while the margin remains smooth. It differs from the alcoholic variety in that, with the appearance of this irregularity, there is no dimunition in the size of the gland, but on the contrary it is still very much enlarged. With this disease there is, he says, a peculiar color of the skin and a cachectic appearance, dyspepsia, and ascites, which gradually develops; there is no pain and little or no tenderness.

The treatment consists of mercurial inunction and potassium iodide internally, in doses of two to forty and sixty grains, three times a day. An increase in the dose of the iodide is made every third day, and it is continued until the trouble has disappeared, when the patient is placed upon tonics.

The Mortality Caused by Alcohol was the subject of a report drawn up by a committee of the Harveian Society (British Medical Journal), and the conclusions arrived at are: That in London the mortality among any considerable number of intemperate persons differs from that generally prevailing among the temperate as follows: Deaths from diseases of the liver and chylopoietic viscera are increased four-fold, from diseases of the kidney two-fold, while there is a decrease of half as much again in those from heart-disease. The deaths from pneumonia and pleurisy are notably increased, and also those from diseases of the central nervous system, which also occur earlier. On the other hand, there is a marked decrease in the number of deaths from bronchitis, asthma, emphysema and congestion of the lungs, and nearly as great a decrease in those from phthisis, which occurs, or at least terminates later. The number of deaths from old age are very largely decreased, while those from atrophy and debility are increased, with the addition of a considerable number referred to alcoholism or chronic alcoholisms, or resulting from accidents.

Nocturnal Enuresis is treated by Dr. Aulthaus by voltaic alternatives. He reports "a case (British Medical Journal) of a boy fifteen years of age, who had had nocturnal incontinence of urine for six years. Treatment with belladonna and other remedies had not been successful. His health was good, but he was thought to be a nervous and very sensitive child. The presence of ascarides could not be detected, but there was a very long prepuce, which could not be retracted without difficulty. He was not suspected of masturbation. Electricity was tried in this case, the middle-sized circular cathode being applied over the bladder, and the oblong anode (five inches by two) to the spine in the lumbar region. The current, strength 2.50 milli. amperes, for five minutes at a time. No benefit being derived, there was added fifty voltaic alternatives produced in the metallic circuit. The next night the patient retained his water and now seems to have entirely recovered."

Native Midwifery in Rangoon, judging from an account given by James C. Ady (British Medical Journal), is certainly of a most barbarous character. He was called, he says, to see a woman who had been four days in labor. On examining the abdomen he found a band fastened tightly around the body above the umbilicus. This he could get removed only by threatening to leave. When the head had descended on to the perineum, as the patient desired to answer a call of nature, he retired into an adjoining room. When he returned he found the bandage applied as before. As the people around would not remove it, he told them to let the patient rest awhile, and retired a second time. Returning he found several women ranged alongside the patient, engaged in the act of stamping out the child. One jumped upon the body and

stamped violently upon the abdomen. When he interfered and took this one off, another took her place and then a third. The perineum was completely ruptured. He says they became so excited that they were more like maniacs than sane people. The woman survived the treatment and is still living. In another case, a primipara, the stamping treatment resulted in a still-born child and the immediate death of the woman.

The Extraction of Cataract is performed by Dr. H. Galezwki (London Lancet) in the following manner: The pupil having been dilated, the patient is placed upon a table or bed, and the eyelids separated by a spring speculum. The fixation forceps are applied just below the cornea and the eye drawn downwards. A puncture is then made in the cornea with a VonGræfe's knife at the sclerotic junction, three mm. above the horizontal diameter. The knife is then pushed downwards to the border of the pupil, and the capsule incised from below upwards. Withdrawing the knife a little another incision is made in the capsule transversely, after which the counter puncture is made opposite the point of entrance. The flap is then made by inclining the knife a little forward and cutting out two mm. from the border of the sclerotic above. The fixation forceps and speculum are then removed, and the patient is allowed to rest for a few seconds. The upper lid is then raised with the little finger and pressure made by it and the curette above, while the thumb presses below. The lens is then seen to pass into the anterior chamber, and escape through the incision. The lids being open, the eye is then submitted to the carbolic spray, and covered with carbolised cotton-wool and a bandage applied over both eyes. By this operation there is no excision of the iris.

An Epidemic of Herpetic Fever has prevailed in the King Edward Schools, Bridewell (Hospital), Witley, Surrey, an account of which is given by Dr. G. H. Savage, in the London Lancet. He says a boy would rise in the morning feeling languid and chilly, and with headache. There would be no appetite, and in a short time shivering and vomiting would come on, but the latter would soon stop. The bowels were natural or constipated; the temperature would be 102° to 104.8° F., and the face flushed. At night there would be restlessness or delirium, and in the morning herpetic patches, consisting of vesicles, would appear about the lips, ears, or on the lower extremities. There would be sore throat, but not like that of scarlet fever, moisture of the tongue, which would have white fur upon it. The herpetic patches would mature by the third morning, and by the fourth the patient would be convalescent. Those attending the boys would have the same trouble more or less severely.

Abscesses about the Neck are so apt to be followed by a disfiguring scar when they are either allowed to rupture or are opened with the knife, that some plan by which the pus may be evacuated without leaving a cicatrix is greatly desired. Dr. F. J. B. Quinlan (London Lancet) has adopted the following method in such cases: A long thin needle carrying a fine silver wire is mounted on a handle and passed through the abscess from above downwards, so as to favor drainage, the wire is drawn through and the ends are tied together. Lint wet with a spirit lotion is then applied and changed three times a day. By this means the pus is drained off, and when there are signs of puckering in the wounds the wire is removed and a compress applied over the site of the abscess. He says, that this treatment should be adopted as soon as suppuration has begun and while the pus is at least half an inch from the surface.

Leprosy Among the North American Indians is the subject of a letter from Dr. A. C. Kinney to the Journal of Cutaneous and Veneral Diseases. He says that he has conclusive evidence that this disease has existed for the past forty years, more or less, among the Indians who live between the Columbia river and Puget Sound. He has never seen it among the whites nor the Chinamen.

Strong Illumination is necessary in many important examinations and surgical operations. Electric light has been used for laryngoscopic work and in various such ways, and lately has been adapted to use in dental operations. A simple and very satisfactory reflector for such use has been devised in London, which consists of a glass globe, filled with a solution of sulphate of copper in distilled water and a highly polished metallic mirror, between which is a gas burner. It is said that only two of these reflectors have been brought to this country, one of which is in use in Chicago. While this appliance will do very well for the dentist who has his patient in the chair, it will not meet the necessities of the surgeon or gynecologist, who must have the means of securing a strong illumination in a portable form. A very pretty little lamp is made, which is supplied with a reflector and condensing lens; it burns benzine and throws a good clear light upon a limited space. The most convenient portable apparatus, and a very efficient one, is a simple metallic oval reflector, arranged with a spring clamp, by means of which it can be applied to a common candle. It is simple, effective and inexpensive.

The Treatment of Eczema by the application of remedies to remove the cuticle and stimulate the deeper layers of the skin is not new, but has not been considered as suitable for very young children. Dr. Charles W. Dulles reports a case (Medical News) of an infant eight months old with eczema of the cheeks and chin, which he treated by applications of tincture of iodine with happy effect.

The State Board of Health of Michigan at its last meeting passed resolutions setting forth the importance of the National Board of Health, in protecting the country from the introduction of contagious diseases, in giving information concerning the prevalence of diseases, and in publishing the results of its investigations concerning those diseases which, like diphtheria and small-pox, spread over the country.

Convallaria Maialis has been tested in the Roosevelt Hospital, New York, by Drs. Francis Delafield and Henry L. Taylor, the latter of whom reports the result (Medical Record, Jan. 27). It was used instead of digitalis in cases requiring a heart tonic, viz., in six cases of Bright's disease, where the circulation was at fault; in five cases of deficient circulation from organic cardiac disease, two cases of heart failure from pneumonia in old people, five cases of heart failure in typhoid fever, two cases of emphysema and bronchitis where the pulmonary condition offered an obstruction to the circulation. The doses varied from five to twenty minims three times a day, and in two cases were increased to one drachm three times a day, and Dr. Taylor thinks that in some of the cases better results would have followed if he had used larger doses than he did. There was less gastric disturbance and less frequent vomiting than when digitalis was used, and in no case were there any toxic symptoms.

Regulation of Prostitution is to be tested again in Cleveland. Weekly examination of the women in the brothels is to be practiced, and women found to be diseased are to be sent to a special hospital and cared for at the expense of the proprietor or owner of the property. In most respects the system adopted there is the same which was tried in St. Louis some years ago. There will be the same opposition and the same difficulties to encounter, and in all probability the result will be a similar failure.

A Death from the Dichloride of Ethidene occurred at the Liverpool Eye and Ear Infirmary (London Lancet). Mr. Edgar Browne was making an attempt to remove a piece of steel from the crystaline lens, and had made the corneal section, when the pulse failed and the patient became very pale; all efforts at resuscitation were unavailing. The amount of ethidene used was between three and four drachms. The cause of death was given as heart syncope.

Tumors of the Bladder, impacted calculi, and other conditions of that viscus about which there may be a difficulty of diagnosis, can be recognized by means of an operation proposed by Sir Henry Thompson (London Lancet) at a meeting of the Royal Medical and Chirurgical Society. It is an external urethrotomy, and consists of a small opening made in the raphé of the perineum down to the membranous portion of the urethra, large enough to admit the index finger, which is then made to enter the bladder. He says: "If there is complete anæsthesia, by making supra-pubic pressure the whole of the internal surface of the bladder may be brought into contact with the finger and its condition satisfactorily made out." He says it is a proceeding from which there is scarcely any danger.

Carbolic Acid Injections in Hydrocele, though causing a great deal of pain, seem to have the effect of radically curing the disease. Dr. P. E. Sandidge uses this method of treatment not only for hydrocele, but also for ranula and cystic tumors. He reports two cases of hydrocele (American Practitioner), one of which died six years after treatment of phthisis pulmonalis without a return of the trouble, and in the other ten years had passed without any signs of its reappearance. The injection consisted of two or three drachms of a solution of Calvert's carbolic acid No. 5, one part of water to three of acid. The remedy should be brought into contact with the whole internal surface of the sac and then pressed out.

Caseous Lymphatic Glands, which are so apt to break down and cause tuberculosis, should be removed thoroughly, so as to avert this result. Dr. L. V. Lessor has suggested a treatment which gives very satisfactory results (Cbe. f. Chir., 1882, No. 22). Operating under the spray, and observing strict antiseptic precautions, he makes a small incision in the skin, through which he introduces a steel spoon, and removes thoroughly all the caseous glands in the neighborhood, as well as those immediately under the cut. If due care is used in manipulating the spoon there is no danger of wounding any important blood vessel, and with thorough antiseptic precautions no fistula results, and the only trace of the operation, when the cure is complete, is a small, superficial cicatrix.

Mercurial Glycerite is recommended by M. Vigier for use in scabies, pediculi corporis, etc., where a purely local or anti-parasitic effect is desired. He finds that no medicament dissolved or suspended in glycerine is absorbed through the skin, and he claims (Gaz. Hebd. de Med.) that this is due to the fact that glycerine does not wet the skin. He uses the corrosive chloride of mercury in the strength of one half drachm to the ounce of glycerine, and asserts that it is free from danger. If this be true it must be a most active parasiticide, but until more thoroughly tested great caution should be observed in using such preparations.

The Cooper Medical College is the new name of the Pacific Medical College. Dr. L. C. Lane has given to the college a new building valued at $100,000; and at his request the institution has been named for Dr. E. S. Cooper, one of the first teachers of medicine on the Pacific coast. The new school has adopted an obligatory three-years' course.

Rupture of the Heart is thought to be due to some great mental excitement or unusual physical effort. A case is reported however by Mr. Ogilvie Grant (London Lancet) where the rupture took place in the night during sleep.

Dr. Wilson Fox has been appointed to fill the position of Physician in Ordinary to the Queen made vacant by the death of Sir Thomas Watson. Dr. Owen Rees succeeds Dr. Fox as Physician Extraordinary.

Salicylic Acid added to cold cream (Am. Jour. Pharm.) prevents the latter from becoming rancid, and adds to its healing power.

A Case of Fatal Internal Urethrotomy was reported by Dr. Latimer at a meeting of the Clinical Society of Maryland (Maryland Medical Journal), in which there were two strictures in the pendulous portion of the urethra. Otis' intrument was used, and passing the anterior stricture the deeper one was cut sufficiently to introduce a No. 16 (English) sound. After the operation the patient insisted upon getting up. There was neither hemorrhage nor shock, nor depression from chloroform. That same evening it was necessary to draw his water. The next morning he passed about a gill, and in the evening again it was drawn off. The next morning he died. Suppression of urine with uræmia was thought to be the cause of death.

Death from Chloroform occurred in a case which is reported by Dr. Michæl at a meeting of the Maryland Clinical Society (Maryland Medical Journal). The patient was a man fifty years of age, who had a stricture in the membranous portion of the urethra. External urethrotomy was about to be performed, but while the anesthetic was being administered, during the stage of excitement, the patient raised up suddenly and fell back dead. An ounce of whiskey had been given half an hour before, and another ounce just before using the chloroform.

A Case of Spina Bifida was successfully treated by Dr. E. Muirhead Little (London Lancet), by injections. The sac was the lumbar region, the deficiency of bone extending from the second lumbar to the second sacral vertebra. The tumor was aspirated on several occasions, and fluid varying in amount from six drachms to one ounce and a half drawn off, the sac refilling after each aspiration. Finally it was half emptied and twenty minims of Morton's iodo-glycerine solution injected. No bad results following, half a drachm of the solution was injected in a few days, when the tumor shrank rapidly to the level of the surrounding skin.

A Case of Keloid After Scraping for Lupus was presented at a meeting of the Pathological Society (British Medical Journal). The lupus, which had occurred in front of the ear, was scraped, and in three months was entirely healed. An abscess behind the shoulder was subsequently opened, and the incision healed by first intention. The scar from this incision and the cicatrix on the face in a short time became keloid. An incision over the head of the tibia had not undergone keloid change, while a scar from the amputation of a phalaux was about to become keloid.

Intestinal Obstruction caused by an accumulation of fæcal matter is relieved by Dr. J. Foster Bush (Boston Med. and Surg. Journal) by means of the rectal tube. The one which he employs "is the red-rubber stomach tube made by the Davidson Manufacturing Company, which is twenty inches long, with an external surface as smooth as glass." It causes little or no pain in its introduction, and delivers the fluid high up in the bowel.

Intercollegiate Games are regarded by the Amherst College Faculty as having a demoralizing tendency, the time, money and energy so employed bringing no compensating advantages. While approving of athletic games, it has been determined that as soon as the present engagements shall have been filled, the college shall cease to take part in intercollegiate contests.

The Board of Health of Pensacola has been indicted by the grand-jury as guilty of neglect in not taking the proper steps to prevent the importation of yellow fever into Pensacola last year, in not taking proper measure to stamp it out after it appeared, and in having an incompetent physician in charge of the quarantine.

A Report on Oyster Culture, taken from the French official journal (British Med. Jour.), shows that 100 grammes of the flesh of the Portuguese oyster contain one-tenth gramme of iodine, bromine and chlorine, twice as much as the common oyster.

Convallaria Maialis is regarded by Dr. Beverly Robinson (N. Y. Med. Jour.) as a heart tonic of considerable merit, resembling somewhat in its effects caffeine and digitalis, having like them a stimulating effect on the heart's power. Where this is deficient it alleviates the accompanying symptoms, pain, dyspnœa, oppression and palpitations, when given in doses of five to ten drops of the fluid extract of the root every two or three hours. Where organic disease exists, its influence is not so marked, but still is manifested by reducing the frequency of the pulse and strengthening it, and modifying the other symptoms. But it does not seem to have any effect upon serous effusions into the abdominal or thoracic cavities. Dr. Robinson thinks it influences the heart through the pneumogastric nerves, and not by its power over the muscular structure of the organ. He says that it does not have a cumulative effect when given in the doses mentioned.

Lotions applied to the hairy scalp, especially where the hair is thick and long, seldom accomplish the good desired, on account of failure to reach the scalp. Under such circumstances Dr. L. Duncan Buckley (Journal of Cutanaous and Venereal Diseases) suggests the use of the ordinary glass medicine dropper, or the instrument used for filling the stylographic pen. The lotion is drawn up into the tube and the point is inserted under the hair, and by this means the fluid is thoroughly applied. One hand holds the dropper and the other is used to rub the lotion into the scalp. Many who have used this plan have been greatly pleased with it.

At the recent meeting of the Medical Society of the State of New York, Dr. Squibb offered a resolution repealing the action of the society in 1882, in regard to the change in the Code of Ethics. The ayes and nays were called on the resolution, resulting: ayes, ninety-nine; nays, one hundred and five; and so by a majority of six the New Code is established. It remains to be seen whether the New York Society will be granted representation by the American Medical Association.

Ovariotomy Statistics of the principal operators of Great Britain are given in a letter from Mr. J. Knowsley Thornton to Dr. S. D. Gross and published in the Medical News, January 27th.

	Cases,	Recov'd	Died	Mortality per cent.
Dr. Clay, of Manchester,	93	64	29	31.11
Mr. Spencer Wells,	1088	847	241	22.15
Dr. Keith,	381	340	31	10.76
Mr. Knowsley Thornton,	328	293	35	10.67
Mr. Lawson Tait,	226	199	27	11.94

The Treatment of Whooping Cough by means of sprays has met with good success. Dr. J. J. Caldwell again calls attention to the following:

℞ Ext. Belladonnæ, fl. gtts. xij.
Ammon. Bromidi, - ℈i.
Potass. Bromidi, - ʒiv.
Aquæ Distil., - - ʒij.

This is used as a vapor spray to be inhaled every four hours. Duration of the spray five to ten minutes, or until the pupils are dilated.

Scrofula and its Gland Diseases, an introduction to the General Pathology of Scrofula, with an Account of the Histology, Diagnosis and Treatment of its Glandular Affections. By Frederick Treves, F.R.C.S., England, Assistant Surgeon to and Senior Demonstrator of Anatomy at the London Hospital; late Wilson Professor of Pathology at the Royal College of Surgeons. Pp. 77. Philadelphia: Henry C. Lea's Son & Co., 1883.

A Gymnasium Convention will probably be held before long for the purpose of forming a National Association. The idea has met with the hearty approval of Dr. Sargent, the director of the gymnasium of Harvard University, who is enthusiastic in the cause of physical culture.

A New Remedy for Scabies (New Remedies) is olive oil through which chlorine has, been passed. Cotton saturated with it is to be applied night and morning.

CONTRIBUTIONS.

ELYTRO-PERINEORRHAPHY.

BY GEO. J. ENGELMANN, M.D., OF ST. LOUIS.

[CONCLUDED]

CASE I.—Mrs. N., aged 42, has five children, the eldest 19 years of age, the youngest three; a stout, hearty lady, in good health and circumstances; suffered laceration of the perineum extending into the sphincter muscles at the birth of her fourth child, five years ago. Began to suffer from backache and dragging pains in side and limbs, for which advice was sought; pessaries of all kinds were tried, injections used, but her condition was simply aggravated. Three years ago another child was born, and during the following year afterwards treatment was resumed. This finally resulted in a subacute inflammatory condition of the uterus and its appendages, with profuse, ugly looking discharge. When called in, my first examination of the patient showed the laceration, which had resulted in a subinvolution of the uterus and its relaxed appendages, beginning rectocele; uterus in second stage of procedentia, retroverted, enlarged. The patient, a very active lady, was able to be on her feet but little; could walk only a few squares at a time; dreaded stairs; could not well attend to her household duties.

Hot water injections and astringent applications to the uterine cavity very soon improved her condition, and relieved her of the discharge, which was necessary preparatory to operation. Summer coming on she left the city, and improved so much at the sea shore that I was not called in again until February of the following year, when I prepared her for the coming operation, which was performed March 19th, 1882. Early in June she left for Europe, and followed a stay at Carlsbad by the Kreuznach cure. Meeting her myself at the latter watering place, an examination showed the perineal body more than completely restored, and the uterus diminished in size and almost replaced. She walked the mountains without the slightest difficulty, and did as much sight seeing as her careful husband would permit, without the slighest detriment. I have since learned that she has become pregnant and am anxiously awaiting the result.

CASE II.—Mrs. H., aged 28, three chlldren, the youngest three years old, wife of a laboring man, a wreck of a woman; necessary as her presence is for her little family, she is obliged to lie down a good deal, unable to do but a small part of her work; as soon as she gets up out of bed complete prolapse takes place.

Found the patient with a complete rupture of the perineum, bilateral laceration of the cervix, complete prolapse of the enlarged subinvoluted uterus, rectocele, slight crystocele and relaxation of all the uterine appendages. I suggested, first, an operation for the lacefation of the cervix, with a view of relieving the intense nervous symptoms from which she was suffering, and which I ascribed to this affection. The operation was performed and was followed by a rapid and most satisfactory result; involution took place, the uterus rapidly diminished in size and weight, and complete prolapse could occur only in consequence of the greatest effort; it was slightly retroverted, in perhaps the second stage of procedentia. She was enabled to walk straight, which she had not done for many years on account of the intense backache and dragging pains which she had always suffered; she was less nervous, more cheerful, able to do considerable of her work; in fact, she was so much improved in a month after the operation that it was only the desire to regain her strength completely that induced her to submit to elytro-perineorrhaphy, which I looked forward to with pleasure in the hope of restoring this suffering, prematurely aged mother to complete health. The operation was performed March 12th, 1882, and resulted well, union by first intention taking place throughout the greater part of the large denuded surface.

I will close with a few words explanatory of the operation as I have performed it. I have the patient placed in the lithotomy position, the limbs completely flexed back upon the body, with an assistant upon both sides, each holding down one leg by passing his arm over it so as to allow the use of both hands. I use, when necessary, Simon's speculum, and Simon's smooth vaginal retractors, although in case of great relaxation none are necessary, the fingers of the assistants completely answering the purpose, aided by my own fingers or those of an assistant in the rectum.

I first outline my incision—the vaginal triangle with its apex in the cervix and mucous membrane of the vagina below the os uteri, its side running toward the lower end of the nymphae; a butterfly figure marks the perineal surface to be denuded with the forceps and bistoury. I pare the more difficult portion, the point of the triangle first, gradually working towards its base, and then making an opening by a small incision upon one side or the other of the perineal surface to be denuded; I insert Smith's lance shaped, perineal knife, keeping the point well away from the perineal surface, and toward the mucous membrane, and complete the remaining portion of the operation submucous. Hemorrhage is not to be dreaded in my method of operating, as I keep a steady stream of hot carboliized water constantly upon the field of operation.

I have a special assistant to manipulate the large fountain syringe, using water at a temperature of from 100 to 110 degrees F., with perhaps two per

cent. of carbolic acid; this enables me to operate steadily, and scarcely necessitates the use of sponges. They are required now and then, but at very rare intervals, as the field is kept perfectly clear, and, moreover, the hot water serves as an hemostatic, greatly checking the bleeding from the small vessels, which is most to be dreaded, as the large vessels are seized by homostetic forceps until the completion of the operation, when it rarely proves necessary to tie. In this way the operation is advanced; bleeding lessened, no time lost in sponging, and the field is kept constantly disinfected. The vaginal triangle was united in Case II. with silk, which I tied; in Case I. with cat gut, which I clamped with shot so as to relieve me of the disagreeable necessity of afterwards removing these sutures, which are very difficult to reach; as the cat gut dissolves, the shot drop off and are gradually washed out. Heavy silver wire served for the sutures in the perineum in Case II., fastened by flat bottomed shot; in Case I, by perforated ivory bars.

I claim no especial advantage for the method of operating at all, but wish to urge, most earnestly, the submucous denudation, the unusually large flattened shot, the hot, carbolized douche, and, above all, the great advantage which lies in a combination of the operations for perineorrhaphy and elytrorrhaphy at one sitting in these unfortunate, and unfortunately frequent, cases of laceration of the perineum combined with procedentia of a subinvoluted uterus.

3003 Locust Street, St. Louis.

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*MILK DIET IN THE TREATMENT OF SIMPLE GASTRIC ULCER.**

BY DR. M. DEBOVE.

[Physician of Bicêtre.]

The milk regime, as it is ordinarily prescribed, is not well borne by all persons. It is not rare to see the milk ill digested by the stomach and the intestines, irritating them, and this in a fashion so apparent that certain people take, in a state of health, a glass of milk to obtain a slight purgation: hence they deem it impossible to support a pure milk diet. We have made it a practice then to prescribe skimmed milk. The fat, thoroughly emulsionized as it is, is still difficult to digest, and such a patient, who cannot tolerate whole milk, tolerates wonderfully skimmed milk. On the other hand we have often prescribed successfully a glass of cream, taken in the morning fasting, in cases where we wished to cause slight purgation or simply keep the bowels open. In some persons who support the milk diet well in the outset, it often becomes impossible to tolerate it long: a feeling of disgust arises, which prevents them from continuing it to the stage of cure. We have then had recourse to the employment of the œsophageal sound (which the patient introduces himself at the second or third sitting), and, thanks to this procedure, those of our patients who had reached a point where they could no longer take even a little milk, so great had become their repugnance to it, have been able during several months to ingest several litres (quarts) daily. Another advantage of the sound is the suppression of the vomiting, patients not vomiting what they receive. Thus, this fact may be verified in the vomiting of hysteria, phthisis and different affections of the stomach. Again, artificial alimentation permits the introduction of a litre (quart) of milk at once, while the patient who drinks it is obliged to take it by glassfuls during the whole day, which necessitates continued work on the part of the stomach and does not allow to it any rest. After three hours we remove the remainder of the contents of the stomach by washing it out. The quantity of aliment so removed is very small. We thus suppress the end of the digestive process, often painful and little profitable on account of the small quantity of material acted upon; and we so permit to the organ a period of rest until the next meal. Our practice then does not conform to that generally observed, since most frequently the stomach is washed out before the meal, while we wash it out three hours after the meal. The liquid employed is a solution of bicarbonate of soda (4 per 1000). Eminent men, Leube among them, advise to abstain from washing out the stomach when treating simple ulcer, for fear of perforation. But it is necessary to observe that the ulcer being ordinarily seated at the lesser curvature and in the vicinity of the pylorus the sound can scarcely touch it, and, moreover, this danger is not to be feared with the soft sounds, the pressure of which we have often shown is not sufficient to tear a leaf of cigarette paper well stretched. One might fear, it is true, that rupture should result from distension of the stomach by the fluid introduced, but this fear is unnecessary if care be always taken not to inject into the stomach more than a litre (quart).

When the patient improves, three litres (quarts) of milk are no longer sufficient; it is necessary then to prescribe four or five; but then he complains of excessive urination, of having sweats, of experiencing a sense of general lassitude. We have observed in all our experiments relating to artificial alimentation that the absorption of a considerable quantity of water weakens the patient and all exercise causes veritable fatigue.* * * For these reasons we have been led to seek different means of prescribing the milk diet in a small volume in order to avoid the difficulties of which we have just spoken

* Translation from L'Union Médicale of Dec. 30, 1882.

and which may be ascribed to a sort of aqueous plethora. Other motives again have guided us: the difficulty of introducing the sound six times a day (for it is imprudent to introduce into the stomach more than a litre of milk at a time), and also the necessity of not requiring of the stomach uninterrupted work, which is inevitable if the patient takes a series of repasts during the day. The use of condensed milk was the first method attempted. By dissolving it in fresh milk, we obtained a mixture representing two litres of milk in the volume of one. This process gives good results and may be employed with advantage. But it presents several inconveniences; the mixture is too sweet, for the condensed milks are veritable confections, and their digestibility is far from perfect. We have found better the employment of milk concentrated at the time of use. Two litres of milk are poured into a large basin, evaporated on a water-bath and administered when reduced to the volume of one. This mode of procedure has only one disadvantage, it requires a somewhat complex outfit, and it is annoying from the necessity of repeating the operation several times a day. So we have made milk powders to be dissolved in fresh milk. We have taken fresh milk and skimmed it. It is preferable to take milk deprived of its fatty matter, because this will be always difficult to digest, and because the powders so made will keep better. The skimming should be done when the milk is as fresh as possible. To secure this we churn it, filter through linen and so retain the butter. If these operations shall ever be done on a large scale, they will be greatly facilitated by the steam centrifugal apparatus, by which three hundred litres of fresh milk can be deprived of its cream in an hour. As to the process, which consists in letting the milk stand for twenty-four hours and then skimming it, this offers the serious disadvantage of incomplete separation of the cream, and especially of permitting the milk to undergo change. After this separation of the cream, the milk is evaporated. Thus is obtained a solid matter closely adherent to the wall, and which is difficult to remove. We have avoided this adhesion by precipitating the milk by acetic acid and evaporating it. The acetic acid volatilizes by the heat and there remains a solid matter, a mixture of casein, lactose and salts, a mixture easy to pulverize. The evaporation should be carried on in vessels that are unaffected by acetic acid. One hundred and twenty gramms (about four and one quarter ounces av.) of powder so prepared represents nearly a litre (quart) of milk. It dissolves in part (salts and lactose), in part remains in suspension (casein) when mixed with a litre of fresh milk. We have in this way two litres of milk in the volume of one, and we can affirm that patients with simple ulcer of the stomach are quite comfortable with this alimentation. In spite of the facility with which these powders are prepared, we must state that the specimens which have been submitted to us by different druggists were very defective. Some were brown, because the lactose had been burnt, others had a cheesy odor due to fermentation. Good milk powders should be white, without odor, of an agreeable taste, slightly sweet.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

REPORTED BY E. P. DAVIS, M.D.

The regular meeting of the Chicago Medical Society was held at the Grand Pacific Hotel, Feb. 5th, President Hollister in the chair. After the transaction of routine business, the president called attention to the work being done by the "Illinois Training School for Nurses," and suggested that the secretary be directed to invite an official from the school to present to the society at their next meeting the methods and details of the work now in progress in Cook County Hospital, where six wards are under the charge of this school. A motion was carried in accordance with the suggestion of the president.

An informal discussion of the treatment of tonsillitis and diphtheria next followed, participated in by Drs. Hollister, Purdy, Paoli, Montgomery and Tilly.

Guiacum in five grain capsules was highly recommended for acute tonsillitis, while the subsulphate of iron, tincture of iodine and mixtures of tolu were advocated as local applications in diphtheria by different speakers.

The event of the meeting was the exhibition of a case of laryngeal stenosis, by Dr. E. Fletcher Ingals.

After briefly alluding to laryngeal stenosis from syphilis, tubercular disease, and its removal for malignant growths, the speaker presented the patient, Simon Lodinski, whose history is as follows:

He is aged 28, a native of Romania, and the former owner of a prosperous vineyard. While returning with ten comrades from the city of Jassy, they were robbed by a band of gypsies, and he alone escaped alive. His throat was cut, he received several stab wounds in the thorax and was finally hung. Owing to the cut in his trachea, he continued to respire; and, after remaining insensible for some hours, was rescued and finally taken to Vienna, where he remained in the wards of Prof. Schrotter for five years and a half.

On examination it was found that the arytenoid cartilages were so injured that almost complete stenosis resulted, the passage of only the finest bou-

gie being possible. Deglutition was impossible for the first six months, and the patient subsisted upon enemeta, and for two and a half years upon liquids alone. The introduction of bougies was followed by the use of metal plugs, which were allowed to remain between the vocal cords during the night. The patient had been exhibited by Dr. McKenzie, of London, and had been sent by him to America, where his relations had preceded him, and where he hoped to gain a livelihood. Lodinski presented an aperture as large as a silver quarter just below the cricoid cartilage; the vocal cords were easily visible from below, while with a good light the bifurcation of the trachea was visible on looking downwards. The right vocal cord was immovable, the left was normally mobile. By placing a finger over the wound, the patient was able to converse readily; he wore a trachea tube, covered by a cloth to protect the lungs from cold. He had been taught to dilate the larynx himself, and accomplished it as follows: At the extremity of a tube shaped like a silver catheter a metal plug, half an inch in diameter, was fixed by a cord passing through the tube, and wound about the handle. The patient passed the tube into the mouth, fixing the plug in the *rima glottidis*, where it was secured by a pair of small forceps introduced from below. The string was loosened from the handle of the tube, and the tube was removed, the string remaining in the throat, passing out of the mouth and looped over the bar; the trachea tube was again inserted and the patient was ready for his night's rest. Dr. Ingals examined the larynx from above, and stated that the cords appeared almost normal, lacking the white appearance of the normal tissue; the usual sensibility of the larynx had vanished, and the patient was quite comfortable under treatment. After a motion of thanks for the exhibition of the case, the society adjourned until February 19th.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, Feb. 3, 1883.

The President, Dr. Wm. L. Barret, in the chair.

CEREBRAL DISEASE CAUSED BY SYPHILIS.

Dr. C. H. Hughes read a note upon a case of cerebral disease caused by syphilis, and which had been precipitated by the moral influence it had upon the patient before the virus could specifically contaminate the brain. In these cases the mental trouble first takes the form of melancholia; among the milder forms of syphilitic psychoses we have hypochondriasis, as recorded by Allen McLane, Hamilton and others. The young man Dr. Hughes spoke of, came to see him Dec. 8, 1879, complaining of fever, disordered liver, constipation, sleeplessness, and a number of morbid feelings too numerous to be mentioned. There was a constant cephalalgia, and an aversion to all medication. The galvanic battery was his horror. He was induced to take treatment, and by careful questioning it was elicited that he had a chancre, several years ago, which gave him no trouble. Mercury and potassium iodide were given, the latter being kept up to the present, the dose having been diminished from ℥i to gr. x, three times a day. Dr. Hughes remarked that these cases of insidious syphilis are as hurtful to the nerve centers as when the attack is bold and open, and are confirmatory of what Dours, Tournier and others have established, viz: that the gravest nervous syphilitic complications are sometimes the sequelæ of apparently insignificant initial lesions.

Dr. Johnston asked where the deposits took place in the nerves, and how long after the initial lesion.

Dr. Hughes stated that the deposits were in the neurilemma, not breaking down the continuity of the structure itself. He had seen the deposit within the year, and again as late as thirty or forty years after. Cephalalgia from anæmia or hyperæmia can be relieved by the galvanic current, but not when it is due to syphilis. He gave iodide of potassium in drachm doses generally, and largely diluted with water.

Dr. Love stated that he also diluted largely, and thought that *hot* water increased the efficiency of the medicine.

INJURY OF KNEE-JOINT.

Dr. Laidley presented E. W.—, whose knee-joint had been opened by a "grooving" saw, a contracture of the flexors of the leg following and fixing it at an angle of about 45°. The result was necrosis of the outer and upper end of the tibia, and bony union to the external condyle of the femur, the patella being united to the internal condyle. There was suppuration for a year, and last September the patient asked to have the limb taken off. Dr. L. instead performed resection, the extremities of the tibia and femur being sawn off, and the external hamstring cut off so as to allow apposition of the bones. The operation was performed under the spray, and a simple iron and fenestrated plaster splint applied. The patient was kept on his back seven weeks. Caries existed at the external surface of the head of the tibia, and the diseased bone was chiseled out. There was no history of scrofula, syphilis or tubercle in the patient or his family. Dr. L. called attention to the following points: The advantages of the results following resection of the knee-joint as compared with amputations; the simplicity of the operation and of the splint.

Dr. Lutz thought the result was very good. He regarded as the principal points in this operation to hold the ends well in apposition and irrigation. This case was traumatic, and was more favorable

than one he reported a week previously, which was idiopathic, in which latter the destructive process seemed to be one less limited. He regarded bone-surgery as the most successful, but believed operations about the knee-joint the most dangerous, and more so on normal joints than when a long-standing trouble has existed, the per-centage of recoveries being greater in such cases.

At its meeting, held Feb. 3, 1883, the St. Louis Medical Society appointed a committee to determine whether the charter of the society could not be so altered as to permit it to expel members, this power not being possessed at the present time.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

REPORTED BY C. B. NANCREDE, M.D.

The Society met Jan. 11, 1883, the President, Dr. Tyson, in the chair.

A condylomatous tumor of the labuim was exhibited by Dr. Nancrede, for Dr. C. M. Seltzer. The patient had contracted syphilis nine years before, but treatment had never been continued for more than a few weeks at a time. Three years ago condylomata and ulcerations around the vulva, perineal region, and on the arm were first noticed. On the first of June, 1882, she came under the Doctor's care, when numerous condylomata were found, the one exhibited being the largest, which was attached to the labium major by a pedicle two and one-half inches broad. There was incontinence of urine and consequent excoriation of the external genitals. Iodide of potash and bichloride of mercury were given, and improvement of the general system was marked. Local treatment failing to have any effect on the tumor, two double ligatures were passed through the pedicle so as to divide it into three parts, and then tied tightly, after which the tumor was removed and the stump cauterized with nitric acid. The patient made a good recovery. The specimen was referred to the committee on morbid growths.

A small tumor of the head of the pancreas was exhibited by Dr. E. T. Bruen. It was about two and one-half inches in diameter, and was found to be closely adherent to the common bile duct. It was thought to be of a colloid nature, though a microscopical examination had not been made. The patient, about 65 years of age, had had intermittent attacks of jaundice for two years prior to his death, which were thought to be due to catarrh of the biliary duct. Having had chills and fever, he was at first treated for malaria, but without success. Hepatic trouble and biliary calculi were readily excluded, but there was nothing to fasten suspicion on the pancreas. There was constipation with clay-colored stools, fever of a hectic type but intestinal indigestion was not marked as is usual in pancreatic troubles.

Specimens from a case of diaphragmatic hernia were exhibited by Dr. James Tyson. The patient was a German between 27 and 28 years of age. He was first seen by Dr. Tyson on the 21st of June, 1880, but had been complaining since Feb., 1878. At the latter date, while in a stretched position, his wife suddenly pretended to tickle him, when he quickly threw down his arms, and at the same moment felt "pain on the left side in the neighborhood of the heart." He became faint and cold, but in a few minutes these sensations passed off. When he first visited Dr. Tyson he complained of shortness of breath and beating of the heart, although the latter was better when he was quiet. He could not walk across the floor without complete loss of breath, but said he was not short of breath prior to the accident. There was a peculiar puffing expiration, which did not occur however with every act of expiration, but once in four or five. This was so characteristic that he was spoken of as the "puffing German." There was no cough. Physical examination revealed almost total absence of movement of the chest wall in the upper half, the respiration being abdominal. The upper percussion border of the heart corresponded with the junction of the third rib with the sternum. The apex beat was in normal position, but more diffuse than natural. Pulmonary percussion appeared normal, except below the left scapula, where resonance was less than in the corresponding situation on the right side. Vocal fremitus was impaired over the whole of the left lung. There were no abnormal cardiac murmurs. After examination his pulse was 72. He was treated at various times with digitalis, bromide of potassium, chloral, tonics, etc., and even a blister over the heart, with the idea that there was some cardiac or pericardial affection, although the signs were wanting. There was no improvement, although at times the dyspnœa, which was the most distressing symptom, seemed somewhat less, but it always interfered with exercise. His sleep was disturbed, he would dream and wake up in great fright. He could lie with more comfort on the left, than on the right side. He continued under Dr. Tyson's observation for a year, until August, 1881, when he seemed a little better. He died Dec. 15, 1882. The autopsy showed that about twenty inches of the large intestine, with its corresponding mesentery and almost the whole omentum, had ascended through the œsophageal opening into the left plural sac, encroaching upon and compressing the lung into a cylindroid mass about fifteen centimetres in length, by half as many in diameter. There was no hernia sac, the opening being that for the œsophagus. The case would therefore be called one of hernia diaphragmatica spuria. The heart was displaced to the right, but was normal, the liver was slightly

fatty but otherwise normal, the other viscera were normal.

CORRESPONDENCE.

St. Louis, February 6th, 1883.

Editor of the Weekly Review:

Many of your readers in this city have doubtless noticed an "interview," which appeared a few days since in one of our morning papers, between a reporter and several well known physicians, in which their views of homœopathy and of the propriety of consultation with homœopthists are freely discussed.

The individual opinions of these gentlemen are of little consequence, so long as they do not seek to influence the public, or compromise the profession to which they profess to belong. But when their position is thus publicly proclaimed in a newspaper, it should not be allowed to stand without a word of protest from those who refuse to be led by a blind-bridle of sophistry and heresy. The attitude assumed by these gentlemen is, that the homœopathy of to-day is by no means the irrational, silly thing which it formerly was. They assert that comparatively few homœopathists now endorse the absurd doctrines of Hahnemann, while a majority have come around to believe in rational therapeutics. One of these "interviewed" gentlemen has taken the trouble (from purely scientific and disinterested motives of course) to classify the homœopathists of this city; he has ascertained that while a few still follow the unadulterated precepts of Hahnemann, the balance practice something else—just what this "something else" is he does not define; nevertheless, he advertises himself as ready and willing to consult with this latter, and major portion of that school.

If the weakness, the attenuation of logic, adds anything to its "potency," it does seem that the argument of these very liberal minded gentlemen ought to make the ghost of old Hahnemann clap his hands for joy. As a piece of fair and honest reasoning, the plea of these gentlemen goes far beyond any *dilution* ever dreamed of by the most bigoted disciple of infinitessimals, and it certainly ought, as no doubt it was intended, to be warmly embraced and patronized by every one of that fraternity.

It follows, if there is any force in the views expressed by the aforesaid gentlemen—and we are not prepared to gainsay their truth—that the homœopathists of the present day may be divided into two classes—the larger class is made up of "*knaves*," whilst the minority is composed of "*fools*." And, strange to say, they can see no impropriety or inconsistency in consulting with the *knaves*, while their keen sense of ethical dignity is slightly nauseated by an association with the *fools!* And to this complexion has it come at last, that no inconsiderable number of the regular medical profession signify their willingness, for the sake of gain, to consult with men confessedly charlatans and pretenders, while at the same time expressing commiseration and contempt for others of the same sect who are misguided, but honest!

This is indeed a humiliating position, but it is the only one that can be assumed by those following in the footsteps of the gentlemen alluded to; for if homœopathists as a body no longer hold the tenets of their school, why retain the name? Why do they continue to sail under false colors and preach false doctrines to the public? To say that there are doctors who, while marching under the homœopathic flag, clandestinely fire so-called allopathic bullets, is to enunciate nothing new, for this disgraceful fact has long been known, and by none better than those gentlemen who pretend to have so recently made this discovery. But grant that this is a new feature in the history of homœopathy, does it not add flagrant and false pretenses to absurdity? Wherein then is the moral status of the homœopath improved? where is the platform upon which members of the old school can honorably stand with him?

The sentiment of the regular profession, as voiced at St. Paul last year, may be regarded as the final settlement of this question for the present generation at least, and those of this school who chafe under its restraint should either submit in good faith, or else enlist under some other banner.

"Consistency."

The Betel Nut is much used by the natives of India. It is about the size of a cherry, hard and somewhat resembles a nutmeg. The natives chew it, but it must first be prepared by cutting it into strips and wrapping it in leaves of the betel pepper with quicklime. It has a narcotic effect, increases the saliva, but diminishes the perspiration, but when accustomed to its use it is only slightly stimulating. In India it is considered one of the necessaries of life by the natives.

Granulated Milk is made by subjecting milk to a temperature of 130° until the watery part has been evaporated. It is then granulated and sugar is added, when it looks like corn meal. The evaporated milk is not as solid as condensed milk, and when water is added it cannot be distinguished from natural milk.

Book and Pamphlets Received.—A Manual of Gynecology. By D. Berry Hart, M.D., F.R.C.P.E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh; Late Assistant to the Professor of Midwifery, University of Edinburgh; Late President of the Royal Medical Society, etc; and A. H. Barbour, M.A., B.Sc., M.B., Assistant to the Professor of Midwifery, of Edinburgh; Late President of the Royal Medical Society. With eight plates and one hundred and ninety-two wood-cuts. Vol 1. pp. 313. Wm. Wood & Co., New York, 1883 (Wood's Library of Standard Medical Authors).

Annual Address delivered before the American Academy of Medicine at its seventh annual meeting in Philadelphia, October 26th, 1882. By Trail Green, A.M., M.D., of Easton, Penna., President of the Academy Published by order of the Academy. Pp. 16.

Address in Surgery—Excisions of Portions of the Alimentary Canal Covered by Peritoneum. By William A. Byrd, M.D., Quincy, Illinois, pp. 11 (Reprint from Transactions of the American Medical Association), Philadelphia: Times Printing House.

Massage; its Mode of Application and its Effects. By Dr. Douglas Graham, Boston. Pp. 721 to 737 inclusive. (Reprint from the Popular Science Monthly, October, 1882.)

We ask the indulgence of our readers on account of the paper on which this number and the preceding one of the Review are printed. Owing to the railroad blockade we have not yet received the paper which was ordered and which is of a much better quality, but we hope to receive it before the next issue.

Having occasion to take a trip to St. Louis a few days ago, we went by way of the St. Louis division of the Wabash, and we cannot speak in too high terms of the pleasure and comfort experienced, owing to the excellent management of that route.

THE ARMY.

Official List of Changes Stations and Duties of Medical Officers of the U. S. Marine Hospital Service. Oct. 1st to Dec. 31st, 1882.

Bailhache, P. H., Surgeon. Present detail continued until further orders. Oct. 6, 1882.
To proceed to Louisville, Ky., as inspector, Oct. 13, 1882.
Granted leave of absence for thirty days, Nov. 10, 1882.

Vansant, John, Surgeon. Granted leave of absence for twenty days. Nov. 18, 1882.

Hutton, W. H. H., Surgeon. To proceed to Louisville, Ky., and assume charge of the Service. Oct. 7 and 14, 1882.

Miller, T. W., Surgeon. To continue at present station until further orders. Oct. 6, 1882.

Wyman, Walter. To inspect keepers and crews of the Life Saving Service. Oct. 5, 1882.

Long, W. H., Surgeon. To proceed to Detroit, Mich., and assume charge of the Service. Oct. 7 and 14, 1882.

Murray, R. D., Surgeon. Having returned from service in the yellow-fever epidemic in Texas, to report in person to the Surgeon-General, M. H. G. Dec. 4, 1882.
Granted leave of absence until February 28, 1883. Dec. 19, 1882.

Fessenden, C. S. D., Surgeon. To proceed to St. Louis, Mo., and assume charge of the Service. Oct. 7, 1882.

Purviance, George, Surgeon. To inspect keepers and crews of the Life Saving service. Oct. 21, 1882.

Sawtelle, H. W., Surgeon. To proceed to New York, N. Y., and assume charge of the Service. Oct. 7, 1882.

Austin, H. W., Surgeon. To inspect keepers and crews of the Life Saving Service. Oct. 5, 1882.

Fisher, J. C., Passed Ass't Surgeon. Present detail continued until further orders. Oct. 6, 1881.
To proceed to Alexandria, Va., as inspector, Oct. 21, 1882.

Heath, W. H., Passed Ass't Surgeon. Granted leave of absence for fourteen days. Dec. 28, 1882.

Porter, F. D., Passed Ass't Surgeon. To inspect keepers and crews of the Life Saving Service. Oct. 5, 1882. To proceed to Evansville, Ind , for temporary duty. Nov. 21, 1882. To proceed to Charleston, S. C., and assume charge of the Service. Dec. 21, 1882.

O'Connor, F. J., Assistant Surgeon. To proceed to Norfolk, Va., for temporary duty. Oct. 14, 1882. To rejoin his station (Detroit.) Nov. 4, 1882.

Wheeler, W. A., Assistant Surgeon. Relieved of duty at Charleston, S. C., and placed on waiting orders. Dec. 22, 1882.

Armstrong, S. T., Assistant Surgeon. To examine keepers and crews of the Life Saving Service. Oct. 5, 1882.

Bennett, P. H., Assistant Surgeon. To examine keepers and crews of the Life Saving Service. Oct. 5, 1882.

Ames, R. P. M., Assistant Surgeon. Granted leave of absence for twenty-one days. Nov. 23, 1882.

Devan, S. C., Assistant Surgeon. To examine keepers and crews of the Life Saving Service. Oct. 13, 1882. To inspect unserviceable property at the San Francisco Marine Hospital. Oct. 20, 1882.

Kalloch, P. C., Assistant Surgeon. To inspect keepers and crews of the Life Saving Service. Oct. 5, 1882.

THE WEEKLY MEDICAL REVIEW.

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PENETRATING WOUNDS of the cranial cavity are not always attended by alarming symptoms, sometimes seem to be scarcely serious. Dr. J. S. Beckwith relates a case in Gaillard's Medical Journal, in which no inconvenience was experienced from an injury which ordinarily would be considered necessarily fatal.

During the bombardment of Petersburg, Va., the doctor on his way to visit a patient out of the city witnessed an altercation between three men, ending in the throwing of a missile by one of them, after which he and his companion ran off, leaving the other. The weapon struck the man's head with a dull thud, distinctly audible to the doctor, he supposing it to be a stone. The soldier went some distance up the road, then waited for the doctor, asking that he would do him the favor to pull that knife out of his head. Upon examination there was found sticking from the top of his head the handle of a large one-bladed pocket knife, about three and a-half inches long, along the line of the sagittal suture, about one and a-half inches from its junction with the coronal suture—the blade up to the hilt sunk in the brain. The best efforts of the doctor and then of his driver to remove the knife were put forth to no purpose, and he was obliged to call for assistance from some approaching soldiers. One of them, a muscular six-footer, attempted it, twice failing; then placing his knee against the wounded man's breast while the others held the head firmly, he gave a lunge bringing his whole strength to bear upon the knife, bringing it out—a blade spear-shaped about three inches long.

The injured man straightened himself up, put the knife in his pocket, and was going about his business without further ado, but owing to the persuasion of the doctor, who feared internal hemorrhage or other serious results, he reluctantly consented to go to the Confederate hospital near.

Strange to say, no unpleasant symptoms manifested themselves, the man showing no evidence of injury even on the next day, and in a few weeks was again with his regiment as strong a soldier as ever, and remained with them until the surrender. Two years after the war the doctor again heard from him, and he had never suffered any unpleasant results from this accident. The doctor's theory was that the knife-blade passed between the lobes of the brain, severing no vessels, and the bony structure forced in by the impetus of the knife held it closely lodged. In drawing it out the bone was brought into its normal position and admitted no atmospheric air.

PASTEUR having undertaken to severely criticise Koch at the Geneva International, the latter replies in a long article (Deut. Med. Zeit.), in which he characterizes Pasteur's experiments as totally wanting in accuracy and devoid of scientific character and exactness. The difference in the results of their investigations in infectious diseases he attributes to the great difference in their methods of research. He says that the idea that infectious diseases are parasitic in character has not been proven, and that it must not be inferred that because they exist in a single case that therefore they are present in all. Every part affected by the disease must be examined, and if the parasite is found to be present then their division among the organs must be noted and their action in the different tissues. All the aid that the microscope can give must be called in. The microbe must be cultivated

through several generations, and inoculation must be performed upon animals of the same species as the one diseased. He says that Pasteur does not follow this plan entirely, and seems to assume that infectious diseases are parasitic. As an example of Pasteur's methods, he says that in hydrophobia the saliva of a dead dog is taken with which to experiment, and in the typhoid fever of the horse the nasal secretion after the animal has died is used—the fact that changes have taken place in the secretion and that bacteria from some other source may be present in it being disregarded. As to the difference between Pasteur and himself concerning charbon, he claims priority as to its etiology, his publications appearing in 1876, while those of Pasteur appeared in 1877. The theory that charbon is produced by rain worms, which bring the spores to the surface from the spot where a body dead of the disease is buried, is held to be incorrect by Koch, who maintains that the spores are formed on decaying vegetable matter at the earth's surface in marshy regions, and that animals living there contract the disease, although it was never known that a body affected with it had ever been buried there. He says that the disease was very fatal in Siberia, where rain worms are unknown. He says that Pasteur's efforts to show that a relation exists between infectious diseases, as between chicken cholera and charbon, have signally failed.

Mullein Plant is said by F. J. B. Quinlan, in the British Medical Journal, to have been from time immemorial a popular remedy in Ireland for the treatment of phthisis. He relates seven cases where it has been beneficial. He says:

"The mullein plant boiled in milk is liked by the patients; in watery infusion it is disagreeable, and the succus is still more so. The hot milk decoction causes a comfortable sensation, and when once patients take it they experience a physiological want, and when the supply was once or twice interrupted complained much in consequence. That it eases phthisical cough, there can be no doubt; in fact, some of the patients scarcely took their cough mixtures at all—an unmixed boon to phthisical sufferers with delicate stomachs. Its power of checking phthisical looseness of the bowels was very marked, and experiment proved that this was not merely due to the well-known astringent properties of boiled milk. It also gave great relief to the dyspnœa. For phthisical night-sweats it is utterly useless; but these can be completely checked by the hypodermic use of, from the one-eightieth to one-fiftieth of a grain of atropia sulphate; the smaller dose, if it will answer, being preferable, as the larger causes dryness of the pharynx, and interferes with ocular accommodation. In advanced cases, it does not prevent loss of weight. In pretubercular and early cases of pulmonary consumption, mullein appears to have a distinct weight-increasing power. In early cases, the mullein milk appears to act very much in the same manner as cod liver oil; and when we consider that it is at once cheap and palatable, it is certainly worth a trial."

A Fraudulent Catarrh Remedy was sold not long since to Minneapolis druggists, represented as a cure for the worst cases in a very short space of time, most thorough in its cleansing operations, without any disastrous or painful physical effects. The medicine was labelled "Dr. Philip Hoffman's Catarrh Remedy," and was sold by the loquacious agent under the stipulation that only three firms in the city should have the right to sell it. Subsequent investigations showed that he had made the same representations to no less than six firms, and at this discovery the drug men analysed the marvelous compound, finding it to consist entirely of pulverized table-salt and a cheap grade of corn meal!

Boracic Acid may be readily reduced to a powder by the following process: First warm a Wedgwood mortar by pouring into it a little alcohol and setting fire to it. Then put into the warm mortar the boracic acid with a few drops of glycerine, when it will be found easily reduced to as fine a powder as desired.

Rupture of the Bladder occurs commonly from external violence applied to the distended organ. Dr. T. L. Gentles reports (Brit. Med. Jour., Jan. 6) a case wherein a woman died from a rupture of the uterus occurring in connection with an abortion. The woman was a drinker, and had had a spree of several days duration, and had had difficulty in micturition at different times before. She had complained of more or less pain in the abdomen for two or three days, but had been able to be about and even to go up and down stairs until 1 p. m. of the day preceding her death. On returning from his work at 6 p. m., her husband found her suffering severely, and learned from her that she had lost a good deal of blood. He threw out "the clot," among which was afterwards found a fœtus three inches long. She grew worse through the early part of the night, and at about 3 a. m. they called in Dr. Gentles. The woman died, however, within a few minutes after his arrival. On post-mortem examination it was found that the bladder was ruptured—a rent large enough to admit four fingers. and that a considerable quantity of urine and blood had been effused into the abdominal cavity. The supposition is that the bladder being filled to its utmost capacity, when labor came on, the action of the abdominal muscles upon the distended bladder ruptured the organ, and thus caused the shock and peritonitis which terminated fatally.

Cysts of the Mesentery are very rare. Dr. Chas. Carter reports one in the British Medical Journal, Jan. 6th, which presented all the symptoms of a unilocular ovarian cyst and was operated upon under that diagnosis. After the incision was made, and the cyst was found free from adhesions at the front and sides, but to be adherent above, it was tapped and about two gallons of fluid were drawn off. The cyst was drawn out and was found to have no pelvic attachments, but to be firmly attached to the left side of the spine and the lumbar region, and to the coils of small intestine which closely surrounded its connection with the spinal column. As it was impossible to separate the cyst from its insertion an attempt was made to enucleate it, but this could not be accomplished, and it was decided to cut away as much as possible of the cyst and sew the remainder to the abdominal wall. This was done, drainage tubes introduced into the cavity of the cyst, after thorough cleansing of the peritoneum, and the wound was closed up. The patient did well for the first twenty-four hours, but then the temperature began to rise, and the patient died on the sixth day after the operation.

Voluntary Muscular effort is thought by Dr. R. W. Griswold to be a much more potent agent in parturition than has generally been taught by professors of obstetrics (N. E. Med. Monthly). He denies that uterine contraction is wholly involuntary, and adduces the effect produced by encouraging the woman to bear down in cases where there is a delay after expulsion of the head before the shoulders are delivered. By voluntary effort in bearing down, he thinks that she compels a contraction of the uterus itself, which otherwise might have been delayed for many minutes. The same may be observed in delivering the placenta. The patient, if encouraged to make a voluntary effort, will, as a rule, be able to expel the placenta in a few minutes after the birth of the child, while if not so stimulated by voluntary effort the uterus might have remained inactive for a number of minutes longer. He urges the importance of taking pains to cultivate the habit of encouraging the patient in this way to sustain and initiate uterine action by voluntary muscular effort, as a valuable means of rendering parturition easier and of avoiding the necessity for the use of instruments.

Rupture of the Funis in utero is not a frequent occurrence; but Dr. J. D. Talbot records a case (Miss. Valley Monthly) in which the cord was torn off within a half inch of the body. The child lived twenty hours. He thinks the cord, which was thirteen inches long, was probably coiled around some part of the child's body, and was ruptured at the time when the waters escaped.

Secondary Post-Partum Hemorrhage, although comparatively rare, may take place to such an extent as to endanger life. Happening at any time, from a few hours or days to several weeks, after delivery (Playfair), it may tax the skill and knowledge of the physician to the utmost, in order to bring his patient safely through the ordeal.

Dr. Paul F. Mundé relates the particulars of a case in the Archives of Medicine, in which the hemorrhage occurred on the sixteenth day after delivery, and had existed for several hours before the friends became alarmed and sought aid. The physician who first saw the case used hot water injections in the uterus, which served to arrest the flow momentarily, and a tampon was then placed in the vagina. When Dr. Mundé saw her she was in a critical condition, with pallid countenance, cold hands and feet, and a pulse of 120 and very weak. The uterus was distended with clots. Hastily removing the tampon and passing the hand into the womb, the clots were cleared out, and hot carbolized water was injected. A round speculum was then inserted, and by means of a long cervical syringe half an ounce of tincture of iodine was injected, some force being employed in order to ensure its coming in contact with the whole internal surface of the uterus. Tampons of cotton were then inserted, and the speculum withdrawn. The hemorrhage did not return, but the patient soon afterwards passed into a state of collapse, from which she finally rallied, but her ultimate recovery was tedious.

Bacteria having been found to be the fruitful cause of many diseases, M. Martineau now claims to have discovered that of syphilis. He made some experiments by cutting out a hard chancre and immersing it in culture bouillon of Pasteur. In this bacteria developed, and some of it was injected into the tissues of a pig near the penis. By the next day similar bacteria were found in the blood of the animal, and in a month there was a syphilitic eruption on the skin, with falling out of the hair. He then took some of the serum from another chancre and inoculated a pig with it. On examining the blood four days after, bacteria like those in the first experiment were found, and in fourteen days a syphilitic papular eruption appeared on the skin. The bacteria found in the blood of these two pigs were then cultivated, and some of the fluid injected underneath the skin of a pig and a kid. Repeated examinations of the blood of these animals have failed to show the presence of bacteria, showing that they cannot be transmitted from one animal to another.

Sulphide of Calcium is considered by Dr. David Webster (Archives of Medicine) as a valuable remedy in diseases of the eye, but in phlyctenular affections he does not esteem it as highly as some others do. Of fifteen cases of phlyctenular conjunctivitis and keratitis which he reports, nine recovered in a short time, but in addition to the use of the sulphide of calcium, the plan of treatment generally adopted in such cases was followed out. In three cases of ulcer of the cornea, he thinks recovery was expedited by the use of the remedy, and in two cases of kerato-iritis with hypopyon, one idiopathic and the other from traumatism, the improvement was marked. In other cases of episcleritis, kerato-irido-cyclitis, catarrhal and granular conjunctivitis, it had no effect. In two cases of hordeolum the result was very good.

Urethritis of a benign character cannot be distinguished by chemical or microscopic examination of the purulent discharge from a contagious gonorrhea. Dr. Robert Newman, of New York, having occasion to study the subject with reference to medico-legal cases, concludes (Southern Clinic) that the causes of urethritis are various, and by no means necessarily associated with sexual intercourse, and the same is true of leucorrhea in the female; that there is only one pus in either of these diseases which is identical with any other pus. That while innocuous at first, it becomes contagious as soon as it is putrid, wherever it originates.

An Experimental Study on the action of mercury, by Dr. J. S. Prevost, is published in the "Revue médicale de la Swiss romande."

The doctor concludes as follows: Mercury given hypodermically produces symptoms in smaller doses than when given by the stomach.

He says: I have studied the violent intestinal hyperæmia produced by injecting a large dose of corrosive sublimate hypodermically.

He says further: I have studied the lesions it produces in the kidneys, and can show that they consist in a calcification about the uriniferous tubules, which has already been announced by Saikowsky and other authors.

The calcification of the kidneys appeared most marked in the subacute intoxications, leading to death in a few days. The injections of large doses of corrosive sublimate produced it more easily than the successive injections of small doses.

This calcification was accompanied with diminution of urine and generally with albuminuria.

I have satisfied myself that the calcification of the kidneys runs parallel with decalcification of the bones, which in two cases was sufficiently pronounced to render the epiphyses of the long bones movable on their diaphyses. The chemical analysis of the intoxicated long bones made by M. Frutiger showed in the tibia a diminution of two to four per cent of lime, and in some cases reached as much as nine to ten per cent.

Enteric Fever, it seems from a statement made by Dr. R. H. Quill (British Medical Journal), is rare among the troops stationed at Assirgarh, Central India. He says that the station is isolated and every precaution is taken, the "dry earth system" being used and the drinking water filtered. From 1875 to 1881 not a single case of the disease had occurred at the station, and although it is believed by some to be of climatic origin, and occurs mostly among young soldiers who have seen little service in India, yet at Assirgarh, which had been occupied by different companies of young soldiers, the only kind of fever which had been seen was a mild intermittent. He attributes this immunity from the disease to the isolation of the station and the thorough precaution taken against it.

Two Cases of Aconite-Poisoning are related by Dr. P. Hooper, in the Medical Times. A lady purchased from a druggist a package of what was supposed to be dandelion root. She made a decoction of it and drank two-thirds of a gobletful, when she began to feel tingling and pricking sensation over her entire body. Her husband and her husband's brother then tasted the mixture, and it was then taken to the druggist, who insisted that he had sold dandelion root, and to satisfy them drank a large portion of what remained. The lady and the druggist were seriously affected by it, the former's pulse being irregular and intermittent, beating thirty to forty a minute. The druggist had given an emetic, two ounces of antimonial wine, to the lady, and had taken one himself, but it had not acted in her case, so that another was ordered, which was followed by a drachm dose of tincture of digitalis, repeated in half an hour, and half a drachm at the end of the next thirty minutes. Alcoholic stimulants were also given. The cases recovered without any bad effects.

Samuel Willets, who recently died in New York City, left nearly a million dollars in charity. He made liberal bequests to a number of medical charities, viz: To the New York Society for the relief of the Ruptured and Crippled, $50,000; to the managers of the New York Infirmary for Women and Children (of which he was president), $50,000; to the New York Infirmary, $5,000; to the Eastern Dispensary, $5,000; to the De Milt Dispensary, $5,000; to the Northern Dispensary, $5,000; to the Northeastern Dispensary, $5,000; to the Northwestern Dispensary, $5,000; to the Wiiliamsburg Dispensary, $5,000; to the Society of the New York Hospital, $50,000; to the Hahneman Hospital, $5,000—total, $215,000.

Naphthaline is a brilliant, white, crystalline powder, one of the by-products of coal-tar distillation, and was introduced to the profession in September, 1881, by Dr. E. Fischer, lecturer on surgery in the University of Strasburg, and has been used largely by Prof. Lücke, who has charge of the surgical wards of the university. It is non-poisonous and is the cheapest antiseptic known. Dr. C. Bonning calls the attention of the profession in America to this new agent in a contribution to The Physician and Surgeon. It can be used as a substitute for iodoform and carbolic acid in surgical dressings. It can be procured in Germany for twelve cents a pound. It has an unpleasant odor, though less so than iodoform. It is insoluble in water, and so will be inapplicable where a soluble antiseptic is wanted. It is applied by sprinkling upon the surface of an open wound, or by filling a cavity with the powder. Excellent results are reported.

A Case of Acute Glaucoma in an eye, following immediately after an operation for the chronic form in the other, is reported by Dr. C. S. Merrill in the Medical Annals. There was chronic glaucoma of the left eye, and three days after iridectomy was performed the patient complained of uncomfortable feelings in the right, and thought that his vision in that eye was impaired. Very early in the morning the Doctor was summoned to see him, and found congestion of the conjunctiva, increase of tension, lachrymation and photophobia, with some pain. The fingers could be counted at twelve feet only. Eserine was applied and a subcutaneous injection of morphine given. The next day suffering was greater, and fingers could be counted at four feet. Iridectomy was performed immediately, and perfect vision was restored in the right eye, and that of the left became almost normal.

The Excessive Use of Tobacco has been long recognized by ophthalmologists as a cause of amaurosis. In such cases Dr. W. R. Amick holds (Cincinnati Medical News) that the retina does not receive impressions as quickly, nor are they as well defined, nor as rapidly transmitted to the brain as usual. He says that in the beginning there is congestion of the retina, followed by a change in the nerve itself, whereby the transverse diameter of the nerve cell is increased and the long axis shortened. This change in the cells affects, by pressure, the blood supply of the nerve, and a molecular change is produced in it, and loss of vision results. He says that it is in a similar manner that tobacco affects the hearing, that a like change takes place in the auditory nerve and the impressions of sound do not reach the brain.

Delirium Tremens requires not only the administration of opium and other remedies, with the object of quieting the nervous system and procuring sleep, but the patient's blood must be supplied with material for the proper nourishment of the tissues. This can best be accomplished by giving food which, in a very small quantity, contains the greatest amount of nutriment, and is rapidly absorbed. Dr. T. P. Atkinson, in The Practitioner, advises giving "half a tin of Brand's liquid essence of beef, and half a pint of milk, alternately, every two hours; and to quiet the patient, twenty-five grains of chloral and thirty minims of compound tincture of cardamoms every four hours." He says that after the second dose of chloral some sleep is obtained, which will increase in amount as the nourishment is kept up.

Coffee versus Alcohol.—F. P. Novaes, of Rio Janeiro, says, in the Medical Times, that in the large cities of Brazil cafés are to be found on every hand, while saloons are few and drunkards rare. He says that all classes frequent the cafés, and he quotes Baron Theresopolis, who, in some remarks at the Geneva Congress, said that "the immigrants arriving in Brazil with a passion for alcohol gradually acquire a fondness for coffee and a distaste for liquor, and that their children brought up on coffee do not contract the habit."

Abortion produced by mechanical violence committed upon a woman by her own hand, has been said by some practitioners to be impracticable. That it is entirely practicable for a woman to commit self-abortion by mechanical means is however abundantly proved. It is a matter of considerable importance in a medico-legal aspect that this should be correctly understood by the profession. The normal relation of the parts varies greatly in various women, and when account is taken of the still greater variations produced by abnormal and pathological conditions, it will be apparent that in some women it would be utterly impracticable to commit a self-abortion, while in others it would be a matter of little or no difficulty.

A Case of Papilloma of the Bladder was operated on by Dr. Joseph Ransohoff (Medical News), by perineal cystotomy, and the growth, which was attached to the wall of the bladder by a broad base, was removed with a Volkman's sharp spoon. The doctor gives in tabulated form an account of fourteen cases of vesical tumors, which he had collected from the literature on the subject, from which it is interesting to observe that of the number, eleven were operated upon by perineal cystotomy, and in the remainder either the suprabubic, or suprapubic and perineal operation was performed. Of the eleven cases of perineal section seven recovered, while of the suprapubic operations two died.

Hay Fever, a most annoying disease, recurring at a fixed time every year, is held to be due to the pollen of certain plants. Dr. J. O. Roe read a paper on the subject at the meeting of the Medical Society of the State of New York (N. Y. Medical Journal), in which he says that Dr. Blakely ascribes it to the pollen of all plants, and that $\frac{1}{200}$ of a grain will produce it. He holds that the turbinated bones are covered with a form of erectile tissue which is in an irritated state, and which being removed produces a radical cure of the disease. He had pursued this plan in five cases with entire relief to the patient.

Carbonate of Ammonia is not a new remedy in bronchitis, but M. Melsurs suggests a new way of utilizing its properties. His plan is for the sufferer to wear around his neck a little bag containing small pieces of carbonate of ammonia. Almost immediately a beneficial effect is observed, the cough soon disappearing entirely, while often persons affected with the disease in a chronic form also obtained relief. This was suggested to him by observing the good effects of the atmosphere of a stable, filled with emanations of carbonate of ammonia, upon those suffering from pulmonary diseases.

Battey's Operation was performed by Dr. Joseph Taber Johnson (Maryland Med. Journal) on a lady twenty-nine years of age, who had suffered from hystero-epilepsy for many years. Both ovaries were found to be enlarged and were removed, and section showed that they were in a state of cystic degeneration. The convulsions, of which she would have from fifty to one hundred in the course of a month and which lasted from one to six hours, occurred twice in the same length of time after the operation, and lasted only a few minutes.

Albumen in the urine may be detected by the following very delicate test, which is recommended by Dr. Wm. Roberts, in the Lancet: Mix a fluid ounce of dilute hydrochloric acid with a pint of water, saturate this with common salt and filter. Place some of the suspected urine in a test tube, which should be held very much aslant, and the acidulated brine allowed to trickle down the side so as to make a distinct layer below the urine. If albumen be present, a white cloudy zone is found at the junction of the two fluids.

Warts may be removed by the continuous application of mercurial ointment containing five per cent. of arsenic. Prof. Unna recommends this, or a plaster containing in each 0.2 square meter (eight square inches) ten grams (154 grains) of arsenic and half that quantity of mercury.

The Ergot Treatment of diabetes insipidus has come to be recognized as the most satisfactory and reliable of any that has been tried. Dr. Frank Woodbury reports (Med. News, Jan. 20) the case of a farm laborer, æt. 28 years, who was suffering from diabetes insipidus, resulting from exposure to cold and wet. He was obliged to urinate frequently, and was thirsty all the time. After treatment for over a year at different hospitals he grew worse continually, was reduced almost to a skeleton, and was given up to die. He went out from the hospital where he had been for several months, and made his way to Philadelphia, and there was admitted to the wards of the Pennsylvania Hospital. He was very weak, and was passing eight pints of urine in twenty-four hours, of a specific gravity of 1010, faintly acid, almost colorless, and free from albumen and sugar. Tonics and nourishing food were given, and after a few days his strength was notably improved; fluid extract of ergot was then given in doses of twenty minims three times a day for a month, with no apparent effect to reduce the quantity of urine. It was then discontinued, and simply the tonic treatment carried on. About a month later ergotin in five-grain doses was given hypodermically once, afterwards twice, daily. This treatment produced a decided improvement, and in the course of a month reduced the urine fifty per cent. He gained in flesh and in strength, though he was still confined to his bed. The amount of urine increased to six pints in twenty-four hours on the suspension of the ergotin injections. At this time the wards passed from the charge of Dr. Arthur V. Meigs to that of Dr. Da Costa, who continued the treatment, except that he administered the ergotin by the mouth instead of by hypodermic injection. The frequency of administration was increased after a time to three and then to four times a day. Vegetable tonics were given to improve digestion, and finally the man was discharged cured, having been in that hospital for about three months, and under the ergotin treatment for only about six weeks, during which period he gained thirty-two pounds in weight.

Sufficient Sleep and relief, so far as may be, from anxiety and worry and care should be afforded to the pregnant woman, whose nervous and digestive powers are taxed in the special functions to which she is then called. In many cases a want of due recognition, on the part of her family and physician, of the extra strain upon her that is dependent upon her condition leads to a condition of nervous irritability, and sometimes to actual mania, which might have been prevented by a little consideration and watchfulness in time.

Poisoning from Mushrooms, two cases of which are mentioned by Dr. Horace Y. Evans, in the Medical Times, may lead to serious results if relief is not promptly afforded. In the cases cited they had been eaten un-cooked, and in a few hours caused "dizziness, a sense of constriction in the head and abdomen, vertigo, a staggering gait, dryness of the fauces, full and rapid pulse, high temperature, followed by wild delirium." The treatment consisted of emetics and cathartics, and afterwards ether internally.

Dental Caries is thought by some to be due to bacteria. Dr. C. T. Stockwell holds (Independent Practitioner) that the organic material of the teeth, which is in the proportion of about twenty per cent, is destroyed by these germs, and a consequent breaking down of the lime salts occurs. He says that it has been clearly shown by the microscope that micro-organisms are present in the healthy tissue of the tubuli below the line of the decayed material.

A New Method of Applying Remedies to the eye was advocated by Dr. W. F. Mittendorf, at the meeting of the Medical Society of the State of New York (N. Y. Medical Journal). He prefers to use the remedy in the form of an impalpable powder mixed with gum-arabic and sugar of milk. Eserine may be employed in the same way, but must first be dissolved with sugar of milk, then powdered and afterwards mixed with the gum-arabic.

Heart Puncture and heart suture are suggested as surgical procedures likely to be adopted ere long in the treatment of cardiac diseases and injuries. Dr. Jno. B. Roberts (Louisville Med. Jour., Feb. 3) cites several cases in which the heart has been unintentionally punctured without any serious complication resulting, and refers to the case of intentional cardicentisis of Dr. B. F. Westbrook, published recently in the Medical Record. He also notes the paper of Dr. Block in the Am. Jour. of the Med. Sci., from the Jour. de Med. de Paris, where he avers the belief that not only may death be averted in some cases of heart wound by incising the pericardium, and turning out the clots which compress the heart and interfere with its movements, but also shows by experiments upon animals that suture of cardiac wounds can be successfully performed.

Olive Oil Inunction is recommended by W. Thornton Parker as a valuable therapeutic resource in the treatment of pulmonary disease, as had been done some months previously by Dr. Frank Woodbury. Dr. Parker states that in the private clinic of Prof. Von Giett, in Munich, sweet oil is used in all forms of chest trouble, acute as well as chronic. The chest is thoroughly bathed with the oil slightly warmed, and then a piece of shirting, old and soft and large enough to envelop the whole chest, is carefully and smoothly applied. This is covered with a second dry piece and the whole enveloped in cotton batting or flannel. Such an application is considered far preferable to the poultices that have been so highly recommended and so much used by some of our practitioners. A little carbolic acid added to the oil might be of advantage in preventing rancidity.

A Calculus was removed from the bladder of a boy sixteen years old, by Dr. Joseph W. Howe (New York Medical Journal), which weighed one thousand five hundred and forty-one grains, and measured three inches by two and a quarter inches. An attempt was made to extract it through the perinæum, but it was found to be too large, and efforts made to crush it were unsuccessful, Civiale's lithotrite and Bigelow's instrument each being tried. An incision was then made in the median line above the pubes, and after some difficulty, owing to contraction of the bladder, it was withdrawn. After the operation symptoms of collapse came on, but he soon rallied and made a good recovery.

Extirpation of a Displaced Kidney was performed by Dr. William M. Polk (New York Medical Journal), for the relief of pain in the left iliac region and back, and because it was thought that a close relation existed between the kidney and ovary, for the reason that at the time of menstruation blood was passed with the urine, and examination showed the absence of a vagina. The patient lived eleven days after the operation, and the post-mortem revealed not only the absence of the vagina, but also of the uterus and kidneys, there having been only one. There were two large ovaries situated abnormally, the left one lying directly over the left kidney before this was removed. There were rudimentary Fallopian tubes, and the round ligaments were like impervious cords. The kidney removed, although large, seemed to be normal.

Albumen in the Urine may be detected by a variety of tests, but one of the most delicate and reliable is that known as Bodicker's. "A small quantity of the suspected urine is slightly acidulated with acetic acid, a few drops of ferrocynide of potassium added and moderately warmed. Even when only traces of albumen are present the urine will at once become turbid, and after standing a while a flocculent precipitate will appear."

Sodium Bicarbonate has been recommended as local application in acute tonsillitis, and and Dr. J. O. Skinner adds his testimony (Medical News) in its favor, and says he has been using it for some time. He employs it as a gargle with tincture of myrrh and camphorated tincture of opium. It may also be used in powder.

To Determine the Presence of two Kidneys, or in case it has been decided on account of a diseased condition to remove one, the state of the other, it has been suggested by Dr. William M. Polk (New York Medical Journal), may be discovered by passing a block-tin catheter, bent like a Sim's sigmoid catheter, into the bladder. Two fingers having been carried as far as possible into the rectum, the curve of the catheter is made to hug the pelvic wall, and thus the end of the curve will pass across the line of the ureter, when pressure may be made by the fingers in the rectum upon the catheter, and so close up the ureter. Urine from the other kidney will then in a short time collect in sufficient quantity for purposes of examination.

A Movable Kidney is fixed in position by Dr. Robert F. Weir by the following operation (New York Medical Journal): After cutting down upon the kidney, the capsule is seized with a pair of dressing forceps, and a needle carrying a carbolized catgut suture is passed through it and the areolar tissue covering the organ, and then through the tissues and skin at the edge of the wound, and then tied tightly. Six or eight of the sutures are placed around the wound, and the capsule thus united to its edges. A drainage tube is secured in the lowest portion of the wound before the sutures are inserted, and over all a bichloride gauze, Macintosh, and bandages are placed without closing the wound, that being left to granulate.

Phimosis has been long recognized as a frequent cause of many nervous affections, especially in children, which are generally relieved by circumcision. The operation is usually performed by a surgeon, but Dr. J. H. Pooley (Toledo Medical and Surgical Journal) relates a case of a young man who circumcised himself, and only sought aid because he could not stop the hemorrhage.

The Injudicious Use of Quinine was the subject of a paper read by Dr. D. B. St. John Roosa, at the meeting of the Medical Society of the State of New York, in which he states that he and Dr. Hammond had made some experiments upon animals with the drug, and they had found that it produces congestion of the internal ear and the optic papilla. These experiments confirm those made by Kirchner and reported in the Central Blatt für Chirurgie, No. 9, 1882.

The Diet of the pregnant woman should not be too exclusively starchy, but should include meats, oat-meal, Graham flour and other articles containing lime salts, as in some cases dental caries progresses very rapidly during pregnancy and the few months following it. In some cases it may be necessary to meet the demand for the lime salts by a direct supply in the way of medicine, whenever it is apparent that the teeth are suffering.

Bogus Diplomas.—We are informed that an item in our last issue with reference to "Bogus Diplomas" is not susceptible of legal proof, and that its truth is denied by the parties interested. We published the paragraph as an item of news from the transactions of the Nebraska State Medical Society, and, in like manner, give publicity to the denial of the statement there made.

The Bacillus a Scavenger. — William Hunt, senior surgeon to the Pennsylvania Hospital, suggests (Medical News, Jan. 27) that the bacilli that are so much written about, so much dreaded, and against which such careful precautions are taken, is in reality a scavenger whose office it is to consume and remove dead material, and thus really be of service, instead of being a detriment, so long as they do not get into the wrong place.

A Proposition is to be introduced into the legislature of Ohio to abolish the board of health of Cincinnati, and to place the control of street cleaning and sanitary matters in the hands of a board of five persons for two years, the necessity of sanitary precautions demanding it.

CONTRIBUTIONS.

NOTE ON SYPHILITIC INSANITY.

BY C. H. HUGHES, M.D.,

Late Superintendent and Physician Mo. State Lunatic Asylum; Hon. Member British Medical Psyche Association, etc.

This subject, quite familiar to asylum physicians and practical alienists, has of late years received from writers of eminence on general medicine and syphilographers more attention than heretofore. Readers of the Alienist and Neurologist will recall the interesting case of syphilitic hypochondriasis detailed by Dr. Allen McLane Hamilton in the January (1881) number of that journal, and Dr. L. E. Atkinson, of Baltimore, has recorded in the Virginia Medical Monthly for December of the same year a number of instances of this cerebral disease from syphilis, which he accompanies with the judicious remark that "patients drift into suffering, helplessness, imbecility and death, when the timely and judicious administration of mercury and potassium, or sodium iodide, could have saved them to lives of usefulness." This is indeed most true. Practitioners might be still more vividly impressed with this truth were they to visit the asylums for the insane, and there search out and observe these victims of the venereal virus. Even the medical officers of our insane hospitals are not always as suspicious of its potent presence among their patients as they should be.

The facts of late years so forcibly noted by writers on neuropathology and psychopathology, like Dowse, Fornier, Mickle and Gowers, prove what a very Proteus the syphilitic poison is in the manifestations of its baneful power over all parts of the organism, so that we need not stop with the cutaneous, osseous, mucous or glandular structures in our search for it, as every pathologist knows.

It is strange that the mental territory of the certex should ever have been regarded as specially exempt from its ravages, for it finds the brain as vulnerable to its power in many organisms as malaria does, and the cabability of this agent, too, to harm the nervous centers elsewhere has been rather under estimated by the profession.

In the July (1874) number of the American Journal of Insanity, Dr. W. E. Lord, at that time Assistant Physician of the New York State Lunatic Asylum at Utica, detailed five illustrative cases, being cases of general paresis. Since then the literature of the subject has become more voluminous, and other forms of mental disease have been described and recognized as due to this cause.

The subject was deemed of such importance two years ago as to constitute the subject of an editorial in the pages of that live Canadian medical journal the Canada Lancet. Discussing the subject of syphilis and mental aberration, the instructive cases of Dr. Wm. Julius Mickle, M. R. C. P., an honor graduate of Toronto University, and now Medical Superintendent of Grove Hall Asylum for the Insane, Bow, London, were carefully examined and "found to present the peculiar mental phenomena so generally recognized as possessing the distinguishing psychical symptoms of that intractable malady, first described by French alienists under the designation of *paralysie generale*," and were clearly traceable to constitutional empoisonment. The cases we here record are of a different character, but it must be confessed that general paralysis is the most frequent form of mental derangement consequent on syphilis to be seen in the practice of insane hospitals or out of them.

Dr. Mickle's cases generally had intense syphilitic cranial pain, ending in steady recovery under specific treatment. (It might not here be inappropriately observed that to rely upon discovering the cephalalgia, even when it exists, might prove misleading sometimes, for the insane often give very unsatisfactory evidence of their real feelings even when pain certainly exists, they being often so intently preoccupied with overwhelming delusions. Under these circumstances, to seek for the so-called rational signs of any physical disorder is no more rational than to be sure of their existence or non existence on the patients' statement or failure to note them.)

Case I. *Syphilitic Mania.* From the records of the Missouri State Lunatic Asylum.

Mr. —— is American born, age 30 years, unmarried, a lawyer by profession, and possessed of a good English education and ordinarily endowed intellect.

When rational he was of studious and temperate habits, and professed the Methodist religion. His natural disposition was cheerful and social, and he has had no previous attacks of insanity and no hereditary tendency. His father's health is good, and mother died at an advanced age. He came under hospital treatment in the fall of 1869, about ten days after his insane symptoms became first apparent. His parents were in no way regarded as eccentric; they were not blood relatives, and he has no insane relatives. His general health was

impaired and feeble, with syphilitic periostitis of tibia and nares.

The record of his case attributes to constitutional syphilis the predisposing, and to loss of sleep and excessive study the exciting causes, but the brain strain was only ordinary work in the line of his profession. He was constipated, sleepless and turbulent on admission, threatening God's vengeance on those whom he disliked, proclaimed himself called upon to preach the gospel, talked religiously and blasphemously alternately. His appetite was ravenous, and he was filthy and indifferent in regard to his person, destroying clothing and bedding, soiling the floor and walls of his apartment.

At the end of seven months, under specific treatment, no vestige of his mental disorder remained, and he was discharged as recovered, with instructions to continue iodide of potassium for two years. His treatment consisted of a short mercurial course, followed by drachm doses of kalium iodidum *ter in die*, with quinine and iron, opium and hyosciamus.

The true cause of cases like the above is easily recognized. We might also cite a number of them as well as the more typical general paralysis. But cases like the following are more difficult to recognize in their true nature, and we feel assured that we have ourself often mistaken their real character. This record will probably, therefore, prove more instructive to the physician in general practice than that of the preceding. We might add to it several similar cases, but to one like ourself, whose writing time is limited, or like yours, whose opportunities for reading are likewise encroached upon by the demands of daily professional duty, multiplied illustrations must be omitted. We cite this case in contrast to the one above, in preference to others like it from our case book, because it is already written, having been made the basis of some remarks before the St. Louis Medical Society on February 3d, to which proceedings the reader is referred for further consideration of the subject of syphilitic insanity and cerebral syphilis.

Case II. Mr. S. J. L. (these are fictitious initials) came under treatment December 8th, 1879, complaining of "fever, disordered liver, sleeplessness, constipation," and various other morbid feelings too numerous and too unreal to need mention.

The fever, insomnia, hepatic and intestinal torpidity were real enough to require medical aid, as well as the constant cephalic pain of which he complained.

He had taken a strong antipathy to an excellent medical gentleman who had previously treated him, and believed he had poisoned him. His manner was suspicious, and he was extremely cautious, inquisitive and fearful about all medication. His eyes were suffused, pulse full, head hot and his cerebral circulation over active. The galvanic battery was his horror, and he withdrew from it as from a viper on our first attempting to employ it.

By methods easier to practice than to impart, we gained his confidence sufficiently to induce him to take the necessary treatment, and to impart to us the information after inquiry, that he had years ago had a chancre, which healed spontaneously, giving him no trouble. A course of mercury and iodide of potassium, based on this information, combined with bromides, chloral and galvanism, effected such a change for the better that the gentleman was enabled to resume his business of traveler for his mercantile house by the end of January. He has, however, been kept on kalium iodidum to the present time, the dose having been diminished from one drachm, *ter in die*, to ten grains *mane et vesper*.

In syphilitic hypochondriasis, if a specific therapeutic impression can be speedily induced, and in the meantime the patient can be kept from home and self-harm, he need not be sent to an asylum.

From these illustrations it will be seen that it is a mistake to look only for the general paralysis of the insane, with delusions of grandeur as the sole form of insanity resulting from cerebral syphilis. Every form of mental implication may result from this cause—from violent and destructive as well as excited mania, to melancholia and simple depression; from hypochondriasis to epileptic, homicidal, pyrormaniacal and other morbid automatic impulsions; and no part even of the spinal cord is exempt from the ravages of syphilis, as Mickle and others have most clearly shown. It is as much a disease of the cerebro spinal axis as of the skin or mucous membranes.

The general practitioner does not always have this fact in mind, hence this note.

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*HANGING—MURDER OR SUICIDE?

BY PROF. HJALMAR HEIBERJ, CHRISTIANA.

As a contribution to the means of determining whether a hanging is the result of an assassination or of a suicide, the author communicates a medico-legal case occurring in Christiana, a case where the mark of the cord on the branch of the tree to which the body was found suspended, furnished a

* Abstract from Nordickt Mediciniske Arkiv.

decisive indication in favor of admitting an assassination.

A young girl in an advanced stage of pregnancy, and anticipating a near delivery, was discovered, September 22, 1879, hung to a tree in a forest. The body did not hang free, but obliquely, the feet upon the ground and the head about 0.80 meters (31.5 in.) from the ground. The face was turned down. According to the information obtained, it was shown that the death had taken place on Sunday, September 21, between six and seven o'clock in the evening, the time at which she was returning to the family with which she was to stay during her confinement.

The case was taken at first for one of suicide, but several persons found little, by little, ground for suspicion, and after four months an investigation was made. The body was disinterred, and an autopsy was made by the medical officer of the district January 30, 1880, then by the author in his capacity of professor of legal medicine March 11 following. A son of the farmer where the deceased had served was suspected of being the author of the crime and was arrested. In spite of his denials he was condemned by the two town trials, but was declared not guilty by the supreme court by a majority of four votes against three. One of the majority considered it quite as certain that a murder had taken place, but did not find sufficient proof against this party.

The two autopsies showed a blue mark along the edge of the lower jaw and another under the larynx; but as the body was already in a state of putrefaction far advanced, it was impossible without more ado to consider these marks as indications of strangulation. Having regard to the information furnished by the inquest, it appeared that the cord had been passed very closely around the neck below the larynx, and that with a slip-knot it turned upward toward the branch in front of the left ear. The clothing of the victim was torn in several places; and it was this fact, taken together with other special circumstances, which gave rise to the suspicion that a crime had been committed.

The most important indication was an abrasion upon the branch about which the cord had been passed. The bark had been completely cut out by the cord in such fashion that the live wood was found exposed in the shape of a saddle. The abrasion or denudation had an extent of about 1. 5 cm. (six-tenths inch). It was not perpendicular, but oblique, forming an angle of 35° to 40° with the vertical, and even if an adult man suspended himself to the branch and made it descend by his weight the mark in question did not describe a line perpendicular with the soil. The edge of the denudation was clean cut, but there was seen a quantity of bark fibers presenting an oblique direction, as if the body had been raised with the cord above the branch from west to east.

Right before the denudation there was found upon the branch a cluster of smaller branches, completely cut off, preventing the cord from slipping. The cord had a length of 2.70 m. (8 feet 10 in.). The branch was raised 2.20 m. (7 feet 2 in.). Above the ground, but much nearer the ground, was a shorter branch on which it was possible to stand in order to throw the cord over the large branch. The cord was knotted around this last with a simple loop. In taking down the body, it was only necessary to draw lightly on the end of the cord and the body fell upon the ground. This operation then could not produce such a rubbing on the branch.

Finally, in order to be able to form a more certain opinion upon the case, the following year at the same season different experiments of simulated hanging were made, viz: 1. An adult person having a cord passed around his thorax was hoisted up upon a branch in an oblique direction. This operation produced an abrasion or mark like that on the original branch. 2. A person was suspended in the position in which the body was found and allowed to descend rapidly, the cord being fixed by a simple knot around the branch. This produced only a very superficial decortication. 3. A man threw himself into a cord previously passed around a branch and fastened by a long slip-knot made below which would necessarily slip up to the branch upon the fall of the body, and consequently erode the bark. In one of the trials thus made the bark was cut out a little deeper, but it must be noted that the man was obliged to throw himself twice into the slip-knot, as at the first trial this did not quite go up to the branch. Three other attempts produced only a slight decortication.

The final report is based essentially upon the condition of the branch, and claims, on the supposition that the denudation had not undergone any modification after the descent of the body, that the oblique direction and depth of the denudation, as well as the obliquity of the fibers of bark mentioned, and finally the situation of the groove right against the little branches, render it almost certain that a crime had been committed. It is probable that the murderer had at first smothered his victim in some way or other, and then had hoisted up the dead body in the direction indicated by the position of the filaments of bark.

The author recommends in medico-legal cases of this sort to pay due attention to the mark left by the cord by which the body is found hung to a tree. This circumstance will doubtless often permit the decision whether hanging is the result of crime or suicide.

THE "HAMMOND PRIZE."

AMERICAN NEUROLOGICAL ASSOCIATION.

No essay of sufficient originality having been sent to the committee, this prize is again offered to universal competition.

E. C. SEGUIN, Secretary.

The American Neurological Association offers a price of five hundred dollars, to be known as the "Wiiliam A. Hammond prize," and to be awarded at the meeting in June, 1884, to the author of the best essay on the *Functions of the Thalamus in man.*

The conditions under which this prize is to be awarded are as follows:

1. The prize is open to competitors of all nationalities.

2. The essays are to be based upon original observations and experiments on man and the lower animals.

3. The competing essays must be written in the English, French or German language: if in the last, the manuscript is to be in the Italian handwriting.

4. Essays are to be sent (postage prepaid) to the Secretary of the Prize Committee, Dr. E. C. Seguin, 41 West 20th Street, New York City, on or before Feb. 1, 1884; each essay to be marked by a distinctive device or motto, and accompanied by a sealed envelope bearing the same device or motto, and containing the author's visiting card.

5. The successful essay will be the property of the Association, which will assume the care of its publication.

6. Any intimation tending to reveal the authorship of any of the essays submitted, whether directly or indirectly conveyed to the committee or to any member thereof, shall exclude the essay from competition.

7. The award of the prize will be announced by the committee; and will be publicly declared by the President of the Association at the meeting in June, 1884.

8. The amount of the prize will be given to the successful competitor in gold coin of the United States, or, if he prefer it, in the shape of a gold medal bearing a suitable device and inscription.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, Feb. 10, 1883.

The President, Dr. Barret, in the chair.

DR. A. C. BERNAYS presented two patients illustrative of plastic surgery. One, a man, had a V-shaped piece removed from the lower lip for epithelioma, and the result was excellent as far as cosmetic effect was concerned. In the other patient, a woman, a carcinoma had begun on the nose and ulcerated, exposing the nasal bones and encroaching on the forehead, the lower portion of the nose being left intact. Dr. Bernays sawed up the sides of the nose and across the frontal bone, leaving the lower portion of the nose intact. An oblong flap was taken from the forehead, and became attached by first intention. The result is very good, and no ulceration or sore is present. A portion of the right lower eyelid was destroyed in the operation, so that there is constant lachrymation.

DR. WILLIAMS suggested that to remedy this, instead of an additional plastic operation, it would be better to enucleate the lachrymal gland, as this operation would have no bad effect upon the conjunctiva.

DR. A. H. MEISENBACH presented photographs and morbid specimens illustrative of a case of gliosarcoma, which became diffused. At six months of age the child fell on a sled, striking the eye. The child about a year after was brought to different oculists and then neglected. The eye grew worse and enucleation was recommended. The parents state that the eye burst and the child's sufferings were relieved. Dr. Meisenbach found a protruding tumor; the boy was feeble and he advised enucleation at once. There was at this time an enlargement of the left inferior maxilla. The operation was tedious and reaction small. The neuralgia of the eyes diminished, but soon increased, as also the tumors of the maxilla and scapula. A secondary tumor appeared in the orbit, and the child died of inanition. The post-mortem examination demonstrated the extension of the tumor from the orbit into the cranium, as also a tumor at the site of the optic commissure. No section of the brain has yet been made.

DR. POST stated that the tumor was carefully examined and found to be a glioma of the retina. He then spoke of the different views held as to the histological position occupied by these tumors, stating also the fact that the disease occurs generally in childhood and is almost always fatal. Knapp records five recoveries, Delafield three, Carter two (one seen thirteen years later), Sichel one (spontaneous); Dr. Post had seen three cases, all of them fatal. The treatment is to enucleate as soon as a diagnosis is made, and there may be a prospect of recovery.

DR. POLLAK reported two cases of recovery in his practice. One was operated upon twelve years ago and was twenty-eight years old at the time. The other was operated upon eighteen months ago. In these cases there has been no recurrence.

DR. DICKINSON said that the longest period without recurrence, in his practice, was fifteen months. The late Dr. Niehaus had a case in which there had been no recurrence after nine years.

Dr. Williams saw several cases, all of which died. He had seen a case of double glioma in a boy nine years old.

Dr. E. A. Chancellor read a carefully prepared paper on gonorrhœal arthritis, in which he stated that the existence of gonorrhœa is not the only requisite, but a certain tendency to arthritis. He regarded it as due to an ichorœmia, an absorption of the gonorrhœal matter, and women were not so much affected as men, because the vagina is more usually attacked. In some individuals arthritis is never present unless there be gonorrhœa. A number of cases were read in corroboration of this. It comes on suddenly, after cessation of the discharge, as an enormous effusion which may, in some cases, dislocate the joint. There is no increase of temperature, as a rule; no erythematous blush over the joint and no perspiration. It lasts longer than rheumatism, or from three to five months. It is very painful, and has no cardiac complications connected with it. It is generally more severe where the discharge has been small. The disease has a predilection for large joints, especially the knee, but occurs also in the wrist, sterno-clavicular junction, fingers, toes, tarso-metatarsal articulation, etc. Thecitis and busitis often accompany it. The urine shows none of the changes seen in ordinary rheumatism. The prognosis is favorable and it terminates by resolution. The treatment consists in local medication, blisters, etc., morphia hypodermically to allay the pain. Iodide of potassium, salicylate of soda, have done good, but no other rheumatic medication is of advantage. But one in forty become victims to the disease, which would almost seem to show the duality of the gonorrhœal virus. Dr. Chancellor contends that gonorrhœal arthritis is a disease *sui generis*, and not a rheumatic complication of gonorrhœa, although such may occur.

Dr. Love reported a case in which the discharge ceased when the knee became involved. Besides blistering and iodide of potassium, etc., he bandaged the knee, but had to remove the bandage. He thought that gonorrhœa should be treated without injections, by giving citrate of potash or carbonate of lithia in large doses of hot water, making the kidneys act well.

Dr. Hughes questioned the existence of such a distinct affection as gonorrhœal rheumatism. He thought that there exists a diathesis, which is awakened by the affection, and which is really the underlying factor.

Dr. Prewitt seriously doubted if there was such a thing as gonorrhœal rheumatism. He did not doubt the existence of a synovitis, due to gonorrhœa, which is not a rheumatism. It has always been limited to the knee in his experience. It is not due to the same cause as rheumatism, and does not yield to the same treatment. It is to be treated like any other joint affection, and is probably of septic character.

Dr. Johnston suggested that as parotitis is metastatic, gonorrhœa might also be, and thus be transferred to joints; or, as some say it is due to a bacterium, might not this organism travel in the circulation and find its way to the joint?

SELECTIONS.

Nasal Disease as a Cause of Asthma has engaged the attention of specialists for some time, and contributions to the medical journals on the subject have been made by numerous writers, among whom in St. Louis are Drs. C. A. Todd, Wm. Porter, —Mulhall. In these cases a polypus is usually present, but Dr. G. Hunter Mackenzie furnishes an article to the Edinburgh Medical Journal in which a case is cited as the only one on record in which asthma caused by disease of the nasal cavities existed without the presence of a polypus. The following is his article:

That polypus of the nose may bear to asthma the relation of cause to effect was first recognized by Voltolini, and, since the appearance of his article on the subject, several additional cases have been recorded, where this relationship has been indubitably established. It appears, however, that the present is the only case on record in which chronic inflammation of the nasal mucous membrane (rhinitis chronica) *without the presence of a polypus or other source of nasal stenosis*, is clearly demonstrable as a cause of aggravated and persistent attacks of asthma.

A lady, æt. 48, consulted me on 11th October, 1881, on account of a chronic "cold in the head" and nocturnal attacks of shortness of breath. The affection of the nose had lasted for about seven, the asthma for about two years. Her family and previous history was good. The asthmatic attacks were worse during the months of August and September than at other periods of the year. The attacks came on almost invariably on alternate mornings about two o'clock, and were of asevere and alarming character: they were preceded or accompanied by profuse watery discharge from the nose, and sneezing. Treatment of various kinds had been tried without benefit. The patient was thin, and suffered from dyspepsia: no abnormality in the heart or lungs could be detected. On examination of the nose anteriorly, the mucous membrane was thin and atrophied (the atrophied form of chronic rhinitis): posteriorly, with the aid of the rhinoscope, the same condition was present, with a collection of mucus on the nasal floor. There was no ulceration or growth present. The treatment recommended was to give entire attention to the

condition of the nose, cleansing it by means of a spray of salt water and subsequently of boro-glyceride, and then making use of a snuff of bismuth, quinine and soda. Inhalations of creasote vapour were also occasionally practised. The patient has now been under observation for about fifteen months, and during the whole of this period has not had a single attack of asthma. The nasal discharge has entirely ceased, whilst the mucous membrane is apparently unaltered.

This case indicates that, even in asthma dependent upon nasal polypi, the respiratory difficulty is not necessarily owing to stenosis or closure of the nasal passage. It thus differs from the asthma or apnœa occasionally met with in infants, who breathe exclusively through the nose during sleep, the oral passage being closed by the physiological incident of the tongue pressing against the hard palate. If the nose be obstructed—and very little swelling of the nasal mucous membrane is sufficient to effect this—the mouth is unavailable for breathing purposes, and consequently the infant awakes in a violent fit of dyspnœa. This appears to be the condition present in many cases of so-called "croup" (asthma laryngeum) in infants. In adults with simple inflammation, but (as in the case now cited) without any nasal obstruction, an explanation of the occurrence of asthma may be essayed on either of two hypotheses: (1.) That during sleep temporary congestion or tumefaction of the nasal mucous membrane ensues, with swelling of the cavernous bodies in the erectile tissue covering the posterior part of the turbinated bones. (2.) That the action is reflex. The first is unsatisfactory, in the present instance at least, for the mucous membrane, as already stated, was in an atrophic condition, and even if complete stoppage of the nose had ensued, the mouth would still have been available for breathing purposes. The theory of reflex action appears the more probable, the exciting cause being either the cold air of the early morning, or the accumulation of mucus in the posterior nares during the first hours of sleep. This idiosyncratic behavior of the nasal mucous membrane (of which the inhalation of ipecacuanha powder and consequent production of asthma in certain individuals is an example) has been long noted. Experiments have proved that an irritant acting upon the nasal mucous membrane produces a narrowing of the nostrils and an arrest of breathing *in the act of expiration*. This is the nature of the respiratory difficulty which occurs in asthma. The reflex action appears to originate, not in the olfactory, but in the trigeminus nerve, which has a wide distribution in the nasal mucous membrane.

The association of nocturnal attacks of asthma with nasal disease, even of such an apparently simple character as rhinitis, should always direct attention to the latter. Cleansing the passage by free and repeated applications of the nasal spray, and the subsequent application by insufflation or snuffing of suitable powders, are the appropriate remedies. The dyspepsia which frequently accompanies rhinitis may necessitate a course of tonic treatment.

The following "Notes on a case of cerebral tumor" are given by Dr. A. Hughes Bennett (Brain):

T. K., ætat. 49, Railway Guard.—*Antecedent History.*—The patient says that he has always been a perfectly healthy man, but his wife states that for some time past he has been irritable, and depressed, and had deficient memory. There is no history of syphilis, and with the above exceptions he has been considered in robust health, till about two months ago, when for the first time he observed slight weakness of his left leg. This has gradually increased till the present time. Two weeks ago, being in this condition, in the course of a day his left arm became very feeble, which has slowly progressed since, but he has managed to continue his work till three days ago. There has been no pain in the head, nor has he ever suffered from fits, or from cerebral or other abnormal symptoms.

Present condition.—The patient has all the appearance of a man in robust general health, and all his functions, except those to be described, are normal. There is no pain in the head or elsewhere; the special senses and the actions of all the cranial nerves are normal, except that the tongue, when protruded, is pushed very slightly to the left side. There is no optic neuritis. The face is perfectly straight, and the speech is unaffected. The movements of the left upper extremity are greatly impaired, those of the shoulder-joint are very weak, those of the elbow more feeble, and those of the wrist and fingers abolished, so that there is complete wrist-drop and complete immobility of the whole hand. The left arm is colder and bluer than the right. The sensibility is everywhere normal, and there is no wasting of the muscles. The patient can walk, but is very lame with the left leg, which is feeble, and has a tendency to sink under the weight of the body, but there is no rigidity or special gait. When sitting on a chair the movements of the lower extremity can be performed, but slowly and weakly, and its sensibility is normal. The cutaneous reflexes are as in health, the knee-jerk phenomenon is most marked on the affected side, where there is also evidence of slight ankle-clonus. There is no wasting of the muscles. The electrical reactions are the same on both sides and normal.

Progress of the Case.—The patient was under observation three weeks in the hospital, under the

care of Dr. Sturges, before he died. The entire left side gradually became weaker, and was occasionally attacked with paroxysmal twitchings, which included the side of the face. Slight hesitation of speech was noticed, with a tendency to the repetition of words, but this was very indefinite. Soon after supervened dullness of intellect, depression of spirits, a feeling of numbness of the left leg, and slight twisting of the face towards the right side. These symptoms continued to increase, so that a few days before death he was dull, partly comatose, and very difficult to rouse; the speech was much embarrassed, and he had visual hallucinations, fancying he saw all sorts of things and people in the ward. The paralysis of the left side became complete, he passed all his motions in bed, vomiting ensued, the pupils were strongly contracted, deep coma, and death ended the scene.

Post-mortem examination (18 hours after death).—Permission was only given to examine the head. The following notes are mainly abstracted from the report of Dr. Hebb. The body is well nourished. The membranes of the brain are healthy, and there are no evidences of meningitis. The blood-vessels are everywhere normal. The convolutions of the brain are flattened on both sides. There is no excess of subarachnoid fluid. On removing the membranes, just anterior to the fissure of Rolando is seen a circular patch the size of a crown, of mottled appearance, and consisting of softened or broken-down gray matter. This occupies nearly the whole breadth of the ascending frontal convolution at its middle, but not extending quite as far back as the fissure of Rolando. It also involves the whole of the posterior end of the middle frontal convolution, and a small portion of the bases of the superior and inferior frontal gyri. On making an incision through this softened area in the line of the ascending frontal convolution from the surface down to the ventricle, it is found that a mass of spheroidal shape, and about the size of a small orange, occupies the centrum ovale of the right hemisphere, its apex constituting the floor of the cortical softening, and its base resting on the roof of the lateral ventricle, into the cavity of which it projects, without, however, apparently pressing upon the structures in its interior. The tumor is a gelatinous-looking mass, consisting apparently of broken-down nervous structure, and traversed by dilated blood-vessels, and was subsequently ascertained to be a glioma. It is sharply defined from the neighboring nervous tissues, which appear healthy. The remainder of the brain is normal.

Commentary.—On this case little comment is necessary, the facts being simple and apparent. Beyond the gradual and progressive appearance of the paralysis, there were no symptoms during the life of the patient to indicate tumor of the brain There was no pain in the head, no marked implication of the cranial nerves, no convulsions or sickness, and no optic neuritis. It would seem as if the lesion originated in the centrum ovale, where, by slow growth, and gradually pushing aside the tissues without destroying them, it attained considerable size without causing symptoms of any kind. Finally, some weeks before death, by extending towards the cortex and involving its structures at the motor centres, or by pressing upon their conducting fibres, paralysis was induced.

On the question of cerebral localisation this case does not throw any positive light, as the tumor was not confined to the gray matter of the cortex alone, but extended largely into the medullary substance below; and although the basal ganglia and structures of the brain generally, elsewhere appeared healthy, it is always difficult to estimate how far in such a case the effects are due to disease of the convolutions, or to pressure on or destruction of the conducting media. The area of degenerated cortical substance did not involve those portions of the convolutions in which are supposed to originate movements of the lower extremity, and only to a very slight extent those presiding over the motion of the arm. During life, however, there was marked paralysis of both these limbs. This, of course, proves nothing against the observations advanced in favor of cerebral localisation, as the tumor extended downwards in the conducting matter, and may have thus interfered with its function in transmitting influences from the parietal cortex to the periphery, without the former being itself directly implicated.

The lesion, however, suggests certain negative conditions which may be noted. The patch of softened gray matter was definite and complete, occupying the area already described. Within this space is what is supposed to be the oculo-motor centre, which on this side must have been in great part destroyed. During life it was certain that the patient displayed no abnormalities in connection with the movements of the eyeballs, the pupils, or the eyelids. It may be, as Ferrier suggests, that the disease proceeding slowly, and one side being healthy, the bilateral association of the oculo-motor nuclei may compensate for disease on the other.

The area of softening also involved what is stated to be the centre for facial movements. It was, however, particularly noted that until a few days before death the face of the patient was in no way affected. It is true that near the end a deviation was observed, but this was very slight.

These points are here noted as matters of fact, and not with the view of throwing doubt on the question of cerebral localisation, for, as already

stated, the nature and distribution of the morbid lesion utterly precludes any accurate conclusions on this subject. In this case we are even uncertain of the exact limits of the destructive process in the gray matter, and of its duration in point of time, not to speak of the complications arising from the presence of a large tumor in the encephalon.

The diseased mass must have been in close proximity to the right island of Reil, and being on that side probably accounts for the absence of any defect of speech. Towards the close, slight difficulty of articulation was noticed, but there was no true aphasia.

Finally, it may be noted that in this case of cortical lesion there were no convulsive attacks. A few days before death, occasional twitchings of the left arm, leg, and side of the face were observed, but these were very slight.

Malarial Fever in Child-bed is a complication which may manifest itself, especially where the patient lives in a malarial district. Dr. Theophilus Parvin says (American Practitioner) that generally there can be no difficulty in distinguishing it from septicæmia, yet cases may occur where it will be best to postpone a diagnosis. In any event quinia is important as an antipyretic as well as an antiperiodic. If it cannot be taken by the mouth, it should be given per rectum, in ten-grain doses every three hours, until the patient is brought thoroughly under its influence, which should last for forty-eight hours. If the drug can be administered by the mouth, it should be given in doses of six or eight grains every three hours.

A Statement is made by Dr. C. C. Vanderbeck in the Medical and Surgical Reporter, that the Medical Officer of Health to the Bocup Local Board of London has traced directly and unquestionably to sewer-gas poisoning cases of the following:

1. Submaxillary abscess and enlarged cervical glands. 2. Cervical abscesses. 3. Axillary abscess, with summer diarrhœa. 4. Inguinal abscess, with summer diarrhœa. 5. Facial abscess. 6. Pelvic abscess, with summer diarrhœa. 7. Multiple abscess. 8. Temporal abscess. 9. Typhoid fever. 10. Diphtheria. 11. Puerperal septicæmia. 12. Summer diarrhœa.

Some Experiments with oysters by Dr. Charles L. Dana (Med. and Surg. Reporter) dispel certain delusions concerning that bivalve. He finds that it does not possess the power of digesting itself as has been asserted by some; that raw oysters are not always more digestible than cooked ones, but that when roasted they are digested as rapidly as when eaten raw; that fermented liquors, instead of aiding, retard their digestion.

Vomiting of Pregnancy may generally be most easily relieved if attention is given when it first appears. It seems to resemble other neuroses in that it seems to take the nature of a habit. Dr. W. C. Burke (N. E. Med. Monthly) recommends the administration by enema at night of ten grains each of bromide of potassium and hydrate of chloral at once when the symptom first develops.

Hot Springs has two brick water-tanks holding 20,000 and 30,000 gallons respectively. They were constructed under the direction of Gen. Kelly, the superintendent, for the purpose of storing up for use the following day the water that runs during the night. So perfect is the construction of these tanks, that it is claimed the water falls one degree in temperature, which is 140°F.

Silicon combined with hydrogen is considered by Dr. Gebhart, of Hot Springs, to be one of the most active curative agents in the waters of those springs. Little is yet known in regard to the therapeutic qualities of this agent, and there is an excellent field here for careful research and study.

Salivation in Pregnancy is sometimes an exceedingly annoying and distressing symptom. Dr. Davezac recommends (Revue Medicale) the administration of nitrate of pilocarpin in the treatment of these cases.

Vomiting in Pregnancy is treated by Dr. Mauney, when other means have failed, by cauterization of the cervix uteri. He has never seen any bad effects follow the operation.

A CHILBLAIN liniment, recommended in the Druggist's Circular, is composed as follows: R. Sulphate of copper, pure, six grains; Eau de Cologne, one-half fl. oz. Distilled water, one-half fl. ounce. Dissolve. Apply twice a day with a camel's hair brush.

IOWA CITY claims the lead in regard to healthfulness. With a population of 10,000, not a single death occurred during the month of October, 1882.

BOOK NOTICES.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS commences for 1883 with an excellent work, i. e. A Manual of Gynecology by Hart and Barbour. Only the first volume of this manual is yet out, and if the second proves like unto it, the work will deserve high praise. These authors are entitled to the credit of having made the best resumé of the literature of gynecology that exists to-day in the English language. They have with great good judgment sifted the subject, and their work is therefore quite as desirable for the error which it omits as for the truth which it contains. This, so far as the writer is informed, is the first systematic treatise on gynecology which correctly recognizes the normal position of the uterus. The views of Schultze are adopted and fully illustrated. The subjects of uterine displacements are therefore excellently presented. The section on inflammation, hypertrophy and enlargement of the uterus are treated in such a manner as to show that the authors have not perhaps fully appreciated the teach ings of Emmet on cervical lacerations, although an attempt is made to give to Emmet's views their due importance. As a whole the volume has been written from the most advanced standpoint of modern research. The authors have very well fulfilled their promise in the preface, which was to produce a text book based on the general principles of anatomy, physiology and pathology, and embodying the most recent views of the various literatures instead of giving those of one school.

Some credit is due to the publishers, who have issued a volume of larger pages, better paper and clearer type than its predecessors.

THE SURGEON-GENERAL'S LIBRARY appropriation has been restored to the usual amount, $10,000. Several speakers favored the provision of a fire-proof building for the library and museum. The profession are indebted to Mr. Butterworth, of Ohio, Mr. Hewett, of New York, and Mr. Townsend, of Illinois, for securing this action.

THE TONER LIBRARY was estimated by Dr. Toner to contain about 25,000 volumns, but by actual count there are nearly 40,000, including bound volumes and pamphlets. There are many volumes in this collection which can scarcely be found anywhere else.

THE HOMEOPATHIC PHARMACOPŒIA, published recently, consisted so largely of verbatim stealing from the U. S. and National Pharmacopœias that, after a brief law-suit, the whole edition was suppressed under the copyright laws.

OFFICIAL LIST.

Medical Officers of the The United States Marine-Hospital Service, with their Stations, February 1, 1883:

Supervising Surgeon General—John B. Hamilton, Washington, D. C.

Surgeons—P. H. Bailhache, Washington, D. C.; John Vansant, San Francisco, Cal.; W. H. H. Hutton, Louisville, Ky.; T. W. Miller, Chicago, Ill.; Walter Wyman, Baltimore, Md.; W. H. Long, Detroit, Mich.; R. D. Murray, Memphis, Tenn. (on leave); C. S. D. Fessenden, St. Louis, Mo.; George Purviance, Boston, Mass.; H. W. Sawtelle, New York, N. Y.; H. W. Austin, Cincinnati, Ohio; J. M. Gassaway, Philadelphia, Pa.; Henry Smith, Norfolk, Va.

Passed Assistant Surgeons—G. W. Stoner, Portland, Maine; J. C Fisher, Washington, D. C.; John Godfrey, New Orleans. La.; C. B. Goldsborough, Mobile, Ala.; Fairfax Irwin, Wilmington, N. C.; F. W. Mead, Port Townsend, W. T.; H. P. Cooke, Galveston, Texas; H. R. Carter, Memphis, Tenn. (temporary); W. H. Heath, Buffalo, N. Y.; F. D. Porter, Charleston, S. C.

Assistant Surgeons—F. J. O'Connor, Detroit, Mich.; John Guitéras, Key West, Fla.; W. A. Wheeler, Chicago, Ill.; J. A. Benson, Cairo, Ill.; C. E. Banks, Portland, Oreg.; D. A. Carmichael, Pittsburg, Pa.; S. T. Armstrong, New Orleans, La.; P. H. Bennett, Boston, Mass.; C. T Peckham, New York, N. Y.; R. P. M. Ames, Evansville, Ind.; S. C. Devan, San Francisco, Cal.; F. M. Urquhart, St. Louis, Mo.; P. C. Kalloch, New York, N. Y.; H. W. Yemans, Sitka, Alaska.

Surgeon, (Retired.)—T. J. Griffiths, Consulting Surgeon, Louisville Marine Hospital, Louisville, Ky.

Acting Assistant Surgeons—J. M. Allen, Milwaukee, Wis.; W. A. Banks, Rockland, Maine; H. G. Bates, New Berne, N. C.; B. F. Beebe, Cincinnati, Ohio; A. D. Bevan, Chicago, Ill.; R. D. Bibber, Bath, Maine; J. E. Bready, Dubuque, Iowa; J. B. Brewster, Plymouth, Mass.; G. B. Case, Cleveland, Ohio; S. B. Conover, Philadelphia, Pa.; W. A. Cox, Pascagoula, Miss.; Byron DeWitt, Oswego, N. Y.; A. W. Fisher, Toledo, Ohio; J. P. C. Foster, New Haven, Conn.; T. L. Gelzer, Escanaba, Mich.; L. P. Gibson, Little

Rock, Ark.; A. H. Glennan, Baltimore, Md.; W. M. Griffiths, Louisville, Ky.; A. C. Hamlin, Bangor, Maine; G. A. Harding, Sault Ste. Marie, Mich.; W. H. Heard, Newport, Ark.; B. S. Herndon, Fredericksburg, Va.; H. S. Hersey, Bismarck, Dak.; R. C. Hodges, Indianola, Texas; L. W. Hodgkins, Ellsworth, Maine; S. B. Hunter, Machias, Maine; R. W. Johnson, Baltimore, Md.; J. M. Kercheval, Nashville, Tenn.; Samuel Kitchen, East Saginaw, Mich.; H. E. Mereness, Albany, N. Y.; J. D. Mitchell, Jacksonville, Fla.; P. H. C. Noble, Richmond, Va.; Charles Ottilie, La Crosse, Wis.; T. T. Price, Tuckerton, N. J.; S. D. Robbins, Vicksburg, Miss.; S. H. Sears, Newport, R. I.; Elmer Small, Belfast, Maine; W. N. Smart, Grand Haven, Mich.; A. E. Spohn, Corpus Christi, Texas; J. G. Stanton, New London, Conn.; Theodore Starbuck, Fernandina, Fla.; W. D. Stewart, Vineyard Haven, Mass.; J. M. Stuart, SanFrancisco, Cal.; G. H. Stone, Savannah, Ga.; D. H. Strickland, Erie, Pa.; Joseph Taylor, Shreveport, La.; W. H. Taylor, New Bedford, Mass.; A. S. Tebbs, Marquette, Mich.; J. H. Vandeman, Chattanooga, Tenn.; M. F. Wentworth, Portsmouth, N. H.; C. A. Wheaton, St. Paul, Minn.; R. C. White, Pensacola, Fla.; J. E. Wood, Elizabeth City, N. C.; J. B. Cromley, Gallipolis, Ohio.

THE ARMY.

Official List of Changes of Stations and Duties of Medical Officers of the U. S. Marine Hospital Service, from July 23rd, 1883, to Feb'y 8th, 1883.

Waters, William E., Major and Surgeon, detailed as member of Army retiring board to convene at Fort Porter, Buffalo, N. Y., Feb'y 2, 1883. (Par. 1. S. O. 21, A. G. O., Jany 25, 1883.)

De Loffre, Augustus A., Captain and Assistant Surgeon, will be relieved from duty in the Department of the Missouri and report in person to the Commanding General, Department of the East, for assignment to duty. (Par. 3, S. O. 26, A. G. O., January 31, 1883.)

Elbrey, Frederick W., Captain and Assistant Surgeon. The leave of absence on Surgeon's certificate of disability granted July 21, 1882, is extended six months. (Par. 5. S. O. 26, A. G. O., January 31, 1883.)

Heizman, Chas. L., Captain and Assistant Surgeon, will be relieved from duty in the Dept. of the Columbia and ordered to report to the Commanding General, Dept. of the South, for assignment to duty. (Par. 10, S. O. 20, A. G. O., January 24, 1883.)

Kilbourne, H. S., Captain and Assistant Surgeon, leave of absence for one month, with permission to apply for an extension of two months, is granted. (S. O. 218, Dept. of Dakota, Dec. 21, 1882.)

Kilbourne, Henry S., Captain and Assistant Surgeon, the leave of absence granted December 21, 1882, Dept. of Dakota, is extended two months. (Par 3. S. O. 24, A. G. O., January 29th, 1883).

Paulding, H. O., Captain and Assistant Surgeon, granted leave of absence for one month, to take effect on or about the 1st of Feb'y proximo. (Par. I. S. O. 11, Dept. of the Platte, January 27, 1883.)

Price, Curtis E., Captain and Assistant Surgeon, detailed as member of Army retiring board to convene at Fort Porter, Buffalo, N. Y., Feb'y 2, 1884. (Par. 1, S. O. 21, A. G. O., Jan'y 25, 1883.)

Skinner, John O., Captain and Assistant Surgeon, will report in person, at the expiration of his present leave of absence, to the Surgeon General for duty in his office. (Par. 10, S. O. 20, A. G. O., January 24, 1883.)

Taylor Marcus E., Captain and Assistant Surgeon, will report in person, at the expiration of his present leave of absence, to the Commanding General, Dept. of the East, for assignment to duty. (Par. 10, S. O. 20, A. G. O., Jan'y 24, 1883.)

Wood, Marshall W., Captain and Assist. Surgeon, will be relieved from duty in the Dept. of the East, at the expiration of his present leave of absence, and will report in person to the Commanding General, Dept. of the Columbia, for assignment to duty. (Par. 10, S. O. 20, A. G. O., January 24, 1883.)

Wood, Marshall W., Captain and Assistant Surgeon, at expiration of present leave of absence relieved from duty in the Dept. of the East. (Par. 1. S. O. 15, Dept. of the East, January 25, 1883.)

Wyeth, M. C., 1st Lieutenant and Assistant Surgeon, is relieved from duty at Fort Snelling, and will proceed to Fort Stevenson, D. T., and report to the commanding officer of that post for duty. (Par. 1. S. O. 15, Depart. of Dakota, January 18, 1883.)

An Army Medical Board has been ordered to assemble at the Army Building, corner of Houston and Green Streets, New York City, New York, March 1, 1883, for the examination of such persons as may be properly invited to present themselves before it as candidates for appointment in the Medical Corps of the Army, and will probably continue in session about three months.

All candidates for appointment in the Medical Corps must apply to the Secretary of War for an invitation to appear for examination. The application must be in the handwriting of the applicant, must state date and place of his birth, and place and state of which he is a permanent resident, and must be accompanied by certificates based on personal acquaintance from at least two persons of repute as to citizenship, character and moral habits; testimonials as to professional standing from Professors of the Medical College at which they graduated should also accompany the application, if they can be obtained. The candidate must be between 21 and 28 years of age (without any exceptions), and a graduate of a Regular Medical College, evidence of which, his Diploma, must be submitted to the Board.

Further information regarding these examinations and the nature thereof can be obtained by addressing the Surgeon General, U. S. Army, Washington, D. C.

THE WEEKLY MEDICAL REVIEW.

VOL. VII. No. 6. CHICAGO AND ST. LOUIS, FEBRUARY 24, 1883. TERMS: $3.00 A YEAR.

GONOCOCCI were found in the gonorrheal discharge of sixty-seven patients by Mr. N. A. S. Reyser, the disease having continued for a length of time varying from two days to nine months. The bacteria, which he regards as specific, were found also in the discharge of one case of ophthalmia neonatorum, where the eye had been destroyed, and in three cases of ophthalmia in adults who were known to have had gonorrhea. In two of these same patients a gonorrheal discharge was present at the time, which on examination was found to contain the gonococci. While bacteria of various kinds were found in pus and the secretions from different parts, and in different morbid conditions, the gonococci were never found elsewhere. Of four cases of vaginitis, where the history was unreliable, the gonococci were found only in one, but where the history showed the discharge to be of specific origin the gonococci were found. The views of Sternbery, already referred to in our pages, he thinks erroneous, and believes the error to be due to the method of culture adopted by the latter author, viz., by means of fluid bouillon. He says that it is generally conceded that pure culture of bacteria by means of bouillon is impossible. The cultures which he has made have been by means of gelatine, in the manner recommended by Neisser. Convinced of the parasitic nature of gonorrhea, he has experimented some with germicide injections in its treatment, and finds dilute solutions of the corrosive Chloride of Mercury to be exceedingly efficient, and recommends this treatment for further experiment. He uses one-fourth of a grain of the Corrosive Chloride, dissolved in one ounce of Mucilage and four ounces of Water, the injection being used twice a day. In some cases this treatment has been found to arrest the discharge within forty-eight hours; but in order to effect a permanent cure the injections must be continued for several days longer.

GOITRE.—Dr. Danan in his thése thus reviews the treatment of suffocating goitre: Medical treatment (iodine *intus et extra*) only succeeds in glandular hypertrophied goitre, and sometimes in the cystic tumor of recent date, small, soft, and superficial. When the goitre is recto-sternal mobile, the surgeon should endeavor to raise the tumor with his finger, and seek to retain it in that position by means of four pins thrust into the goitre, or by the metallic drain invented by Fauvel. This operation is termed "suspension" of the goitre. When the tumor is cystic, and does not present immediate danger of suffocation, the operator can choose between subcutaneous puncture, which is only palliative; cauterization, which occasions always great pain, prolongs the treatment, and leaves ugly cicatrices; injection of iodine, which produces for some days after a swelling of the tumor that might be dangerous; interstitial or subcutaneous injection of iodine according to the method of Velpeau; or, finally, the metallic drainage, to be followed by the elastic drainage.

In *solid* goitre, after having tried internal treatment, the choice will only be left between interstitial injection and drainage. In vascular goitre, ligature of the thyroid arteries might be attempted, or injections of perchloride of iron. When the goitre is cystic, and suffocation is imminent, it should be tapped if it is soft and superficial, and a drainage-tube placed. If the tumor is solid, and the attacks of suffocation frequent, extraction of the thyroid gland is the only resource. Trache-

otomy should be reserved for cases where the life of the patient is in immediate danger. Igni-puncture and interstitial injection of chloride of zinc have been recently employed with good results, but the cases require to be more numerous in order to be able to accept this treatment in a definite manner.

Menstruation an Abnormality was the view advocated by Dr. C. A. Devendorf in a paper read before the Wayne Co. (Mich.) Medical Society. He criticises the structure of the human body as unadapted to the purposes for which it is intended, or rather he thinks that the erect posture which man alone assumes is inappropriate for a being so constructed. He argues that the monthly loss of blood by the human female is so contrary to the condition found in the lower animals, and is so far without apparent purpose or object, that it must be abnormal and injurious. In seeking an explanation of the phenomenon, he argues again from analogy that as the animals which go on all fours have no sanguineous menstruation, therefore it must be that the erect posture is the occasion of this discharge in the human female. Hence, he concludes that the assuming of the erect posture is a comparatively recent thing, and that the organization has not yet adapted itself to this posture. He calls attention also to the influence of the erect posture in the production of hernia and hemorrhoids, and believes that this is responsible also for the fierce and cruel lust which makes a vicious man more vile than a beast.

Syphilitic Enlargement of the Tonsils.—An abstract of the conclusions of Dr. Paul Hamonic is to be found in the Deutsche Med. Zeitung, No. 45. Hamonic distinguishes, during the secondary stage of syphilis, (1) *Simple hypertrophy*, which is analogous to the swelling of lymphatic glands, is tardy in its development, and as it occasions no symptoms, is often overlooked. Both tonsils are almost always affected, though to a different degree. The enlargement takes place forwards, bulging the anterior pillar of the fauces, and rarely gives rise to deafness. The tonsils are hard and somewhat elastic; the normal depressions on their surface are exaggerated. The uvula tends to go over to the large tonsil. Sometimes the tonsil may be reduced in size by antisyphilitic treatment. (2) *Hypertrophy associated with angina.* In this, there is not so much fever as in ordinary acute angina; the duration is variable, and relapses are very liable to happen. (3) *Hypertrophy complicated with syphilides.* Most frequently the syphilide appears on the tonsil and the anterior pillar of the fauces. When syphilis affects a previously scrofulous tonsil the enlargement is very great, of pale color, often spongy, and with large crypts, there is considerable pain, the voice becomes nasal, and the hearing, taste and smell are altered. The cause is generally chronic, and there is a great tendency to recurrence. Ordinary tonsillitis and sore throat may supervene even when the tonsils are enlarged from syphilis, but then, though perritonsillar suppuration may occur, it would appear that the tonsil itself never suppurates. Hamonic states that there is no objection to excision of the syphilitic tonsils if they be very large.

Erysipelas was formerly looked upon as of two varieties, the idiopathic and the traumatic, but latterly it is considered as having a traumatic origin. Prof. James T. Whitaker (Cincinnati Lancet and Clinic), says that it never occurs without a solution of continuity somewhere in the skin, and that although it may sometimes affect the mucous membranes, the same law holds good here also. Trousseau was the first to advance the idea of its being invariably traumatic. He holds that there must be a predisposition to the disease, and cites Trousseau's attempts to inoculate himself and two of his students without success, while Willan and others succeeded in the experiment. He believes that there is a tendency to the disease in some persons, more particularly those of a scrofulous habit, and while he looks upon ordinary erysipelas as an affection of small moment, he says it may assume the suppurative form, when seri-

ous complications may arise, as peritonitis, rheumatism, or parenchymatous nephritis or meningitis. As to the local treatment of the disease in its primary stage he recommends the hypodermic injection of a strong solution of Carbolic Acid in Glycerine. Ten or twelve injections may be made, but never more than two in one day. When the temperature is 105°, and there is danger of meningitis, the cold bath is proper. As a precautionary measure, to prevent the infection of others, he suggests that surgeons should never undertake an operation, having previously waited upon an erysipelatous case, without first heating their instruments in a Bunsen's burner, or at least placing them in boiling water before operating.

The Relation of Tubercle Bacillus to Phthisis is now largely engaging the attention of observers, and Dr. T. Henry Green, in concluding a lecture on this subject observes, with regard to treatment (British Medical Journal): "What is the practical teaching of Koch's discovery with reference to the prevention and cure of phthisis? If our pathological conclusions be only partially true, they clearly indicate, I think, the necessity of carefully distinguishing between the bacillus and the conditions which favor its influence, and of directing our treatment to both. We must endeavor to prevent the access of the organism, and, if possible, to destroy it after it has effected an entrance; and we must also strive to maintain a healthy condition of the pulmonary tissues, and thus prevent the occurrence of that tendency to apical stagnation which appears to be such an important, if not essential factor in the disease. The latter of these indications is, I believe, as important as the former.

"Firstly, then, with regard to the condition of the lung which favors the influence of the bacillus. Here it is only necessary to remark that, whatever promotes a vigorous state of health will, by improving the condition of the blood, the nutrition of the vessels, and activity of the circulation, and the exercise of the respiratory function, tend to prevent that stagnation and transudation in the highest portions of the lungs, the etiological importance of which we have so especially insisted upon. I cannot but think that such treatment promises better results than any attempts to attack the specific organism. Secondly: the tubercle bacillus. The consideration of this naturally divides itself under two heads: (*a*) the prevention of its access, and (*b*) attempts to destroy it when the disease is developed. (*a*) The prevention of the access of the bacillus. The present position of our knowledge appears to point to the desirability of adopting measures for the disinfection and destruction of the sputa of patients suffering from phthisis; and perhaps, also, of the alvine secretions, where there is any evidence of tuberculous disease of the bowel. It also raises the question as to how far it is desirable to allow individuals who are not consumptive, but who inherit a phthisical tendency, and especially when such individuals are out of health, to intimately associate with those who are suffering from the disease. (*b*) The destruction of the bacillus after the disease is established. Attempts to do this are made principally by means of antiseptic inhalations. A respirator charged with some antiseptic, such as creasote or carbolic acid, is now being largely used in the treatment of phthisis. Although I should be very sorry to unfairly criticise such treatment, I cannot but think that the evidence that its usefulness is in any way dependent upon its destruction of the bacilli, or of any infective substance which they may originate, is wanting. What we want are cases of early and progressive phthisis in which antiseptic treatment alone, without adjuncts, is followed by marked improvement. When it can be shown, *e. g.*, that the pyrexia of early phthisis is reduced by such treatment, we shall have evidence pointing to the influence of the germicides upon the bacillus of considerable value. Whilst I do not wish to be understood to discourage the treatment of phthisis by antiseptic inhalations, I think we must be careful as to the interpretation we put on their results. The treatment of phthisis and of other pulmonary diseases by means of medicated

atmosphere has been greatly stimulated by Koch's discovery. But, I think we have no evidence that we are able by such means to influence the tubercle bacillus; although, if Koch's investigations be true, the discovery of some agent which, by destroying it, will arrest its injurious influence, is obviously the greatest disideratum."

Foreign Bodies have heen known to remain in the ear for a considerable length of time without causing trouble. Dr. Lucius Holland describes the following case in the British Medical Journal: "A woman aged 27, came to the dispensary complaining of frequent headache and giddiness. According to my custom in these cases, the ears were examined, and a black mass of cerumen being visible in the right ear, she was referred to my clinic for diseases of that organ. Some difficulty being experienced in clearing the canal, a probe was employed, which at once came into contact with a hard body; and its impaction required the further use of forceps for removal. This body, upon examination, was found to be metallic, in the shape of a grape stone, with very sharp apex, and weighed twelve grains. It was kindly tested for me and proved to be a globule of iron. The patient had lived in the neighborhood of ironworks from the age of three until ten years, and as a child played and rolled in the sand. At the age of ten years she was removed from the locality, and since then has resided in such places where no opportunity has offorded for the introduction of such a body. The globule of iron will, therefore, have been in the ear nearly twenty years. It was imbedded in dense cerumen, occupying the deep part of the canal, the circumference of which I observed to be irritated, the membrane tympani was somewhat depressed and thickened, with alteration of the 'cone of light.' Hearing has not diminished, and since the removal of the foreign body the giddiness and headache have ceased. After the age of ten years the earache subsided as the calibre of the canal increased. This case may be regarded as a most remarkable instance of a dangerous foreign body remaining for years in the ear without serious and alarming consequences."

A Case of Volvulus of the Ilium, treated by abdominal section, was reported at a meeting of the Medical Society of London by Dr. J. K. Fowler (London Lancet). The patient was a man forty years of age, who had been suffering for four days from acute obstruction of the bowels. An enema was administered, and by auscultation the fluid was heard to pass up to the ilio-cæcal valve. Abdominal section was immediately performed by Mr. Hulke, and the obstruction found to be due to volvulus of the ileum, which was untwisted. Several free evacuations from the bowels took place afterwards, but death occurred in three days from failure of the heart and hypostatic pneumonia. In cases of obstruction of the small intestines early operation was advised, and it was suggested that the collapsed portion of intestine should be found and followed up to the point of obstruction, so as to avoid handling the distended bowel. The advantages claimed for this method are; that the collapsed portion can be examined easier than the distended portion; that a greater length can be exposed without difficulty arising in returning it; that the collapsed intestine never leads to the duodenum; that danger from peritonitis is much less, and that rupture of the bowel is impossible while handling it.

A Case of Hydatidiform Disease of the Chorion is related by Mr. Edward Stephens, of Ilminster, in the British Medical Journal, as follows: "On September 7th, I was sent for by a midwife to attend Mrs. C., who was flooding. On my arrival, the hemorrhage had stopped. On making an examination, the uterine sheath was not sufficiently dilated to be able to ascertain its contents. On passing my hand over the abdomen, I remarked to the midwife, how unusually circular it was. On the following afternoon I was again hastily summoned, and I found the woman had lost much blood. On making an examination, I found that, by a little manœuvring, I

could insert my hand into the uterus; and I vividly remember how astonished the midwife and Mrs. C. looked when I informed them that it contained no child. In fact, Mrs. C. stoutly declared that she had felt the child many times; and that, being the mother of thirteen children, all living, she ought not to have been mistaken. After administering a full dose of ergot, some sharp uterine pains followed—soon expelling a mass which, when collected, filled three ordinary-sized chamber utensils. After this jelly-like mass had been expelled, she rapidly recovered, and made an uninterrupted recovery."

Dysentery is treated by Mr. F. Rawle after the following plan (British Medical Journal): First, having placed the patient between warm blankets, a pint and a half of warm water, at a temperature of 90° Fahr. is injected. This is seldom retained longer than a few minutes, but is pronounced very grateful to the patient. When the water has soothed the mucous membrane of the colon and rectum, and brought away any *effete* matter, two ounces, by measure, of the following enema is administered with a gum-elastic bottle. R. Quinine Sulphate, ten grains; Compound Tincture of Camphor, four drachms; Decoctum Amyli, to two ounces. Mix, and when about milk-warm inject, which is generally retained; but if ejected, it may be repeated after an hour or two. This has been found of great service, and very grateful to the patient, the effect is like magic. If griping pains be felt over the region of the epigastrium, half-drachm doses of chlorodyne, in some aromatic water, mint, carroway, or aniseed should be given. The diet, of course, should be of the most soothing kind: jellies, isinglass, linseed, toast and barley water *ad libitum*. Ipecacuhana appears of little service, and Mr. Rawle has discarded it from his treatment. Warm turpentine stupes on warm flannels, over the hpogastrium, prove very beneficial.

A Specimen of Cancer of an undescended testicle was shown by Dr. Mahomed (London Lancet), at a meeting of the Pathological Society of London. There had been pain in the right lumbar region, and a swelling in the hypogastrium, which had been noticed for three weeks before admission. The swelling resembled a distended bladder and moved with the bladder, and there being some fluctuation it was tapped and a small quantity of a whitish substance found in the cannula, which proved to be sarcomatous tissue. No secondary infection could be discovered, but operation was declined owing to the swollen condition of the leg. The post-mortem showed that the tumor hung over the side of the pelvis, by a small pedicle, which was the cord, and it could have been easily removed during life. The glands in the lumbar, retro-peritoneal and mediastinal regions were enlarged, as also the bronchial glands, and much distension and ulceration of the duodenum had been produced by them. The hepatic ducts were distended, but microscopical examination did not show that the liver was inflamed. The thymus gland was also involved. The tumor was a carcinoma.

The Bichloride of Mercury is recommended by Dr. John N. Mackenzie as a local application in the treatment of inflammatory conditions of the nose and throat attended with profuse muco-purulent secretion. (Md. Med. Journal, Feb. 15). For some time now he has used this almost to the exclusion of other treatment, both in the clinic and in his private practice. He uses a solution containing one grain to the pint of Water; two ounces of Cherry Laurel Water may be included in this. Any crusts that are present should be removed, with any thick or tenacious mucus that may adhere to the surface of the mucous membrane, and then the solution should be thoroughly sprayed upon the surface with an atomizer provided with suitable tubes. He regards it as a most valuable disinfectant in ozœna and fœtor of the breath from pharyngeal disease. He has found it successful in his own case in abating an acute coryza, and he has had good results in treating chronic nasal catarrh.

Sulphurous Acid is considered by Dr. K. N. MacDonald (Edinb. Med. Jour.) to be a valuable remedy in the treatment of scarlatina maligna. He urges that practitioners give minute details in their directions for the care of these patients, and insist upon their being faithfully carried out. As soon as the throat begins to be affected, he administers ten minims of sulphurous acid in a little glycerineand water every two hours, and has the fauces sprayed every three hours with a sulphurous acid solution, ʒij-iv to the ounce of water. If the child will not allow the spraying of the fauces, the instrument must be held a few inches from the mouth and used for a few minutes so that the air will be filled with the spray. The acid must be freshly prepared, as it soon changes into sulphuric acid by the absorption of Oxygen. Internally he gives Chlorate of Potassa, grs. iij-v, with Tincture of the Chloride of Iron, m. vij-x, in Glycerine and Water every four hours, more or less according to age. Permanganate of Potassa solution, ʒij to six ounces of water, is used to bathe the mouth and lips several times a day in order to remove sores. In most cases the acid alone is sufficient, but where there are white patches at the back of the throat, he always uses the Chlorate of Potassa and the Tincture of Iron too.

Scarlatina is treated by Dr. John M. Currier (Cincinnati Lancet and Clinic), when albuminuria is present, with chloroform inhalations. He says that he does not look upon cases where there is albumen in the urine, anasarca, and even convulsions, with as much gravity as some others do. He says, that in several cases in which there were convulsions he gave the inhalations of chloroform to the point of complete anæsthesia; that he has kept patients for several days under control by the inhalations, and that where there was suppression of urine accompanying the albuminuria he has seen it restored in a short time to the normal amount, and the albumen speedily disappear. By the results attending the use of chloroform he was induced to try chloral in cases of albuminuria unattended with convulsions, and he had found it diminished the amount of albumen and lessened the fever. He gives one to three grains every three hours as a diuretic.

An Article on the action of easily soluble salts of iodine, by Dr. Kersch, is published in the Deutsche Medicinal Zeitung. The author expresses the idea that the old system of classification of remedies into narcotics, eseritics, etc., is not tenable. The ways and means of elimination have not been sufficiently taken into consideration, and have been investigated by but few. He says in regard to the salts of iodine that he has plainly observed their diaphoretic and diuretic action. In connection with the diaphoretic action is the production of acne pustules, which is most expressed with iodide of ammonium and least with iodide of sodium. It is not eliminated in twenty-four hours, and may produce a cumulative effect. The system may acquire an accommodation for the drug, but may lose it again. From his experiments the author draws the conclusion, to give the iodide in one daily large dose, say 30—45 grs.; pause 1—2 days to allow the symptoms of oversatiation to pass by; and then continue daily as long as necessary, or symptoms of oversatiation again appear; then wait 4 days, in which time the result will be entirely eliminated.

In weakly, uremic and scrofulous patients, small doses of iodide of iron, of 1—2 grs., may be given, but only so long until symptoms of satiation appear, when a pause is made as above. In patients with cicatrised and calcified affections of the lung, large doses of iodides are contraindicated.

Dyspepsia, one of the commonest complaints which the physician meets with, assumes a variety of forms. To the list already known, Dr. John S. Main (British Medical Journal) adds another form, which he calls "Cerebral dyspepsia." He attributes it to uncertainty and consequent worry in one's business or profession, calling forth an increase of cerebral exertion to such an extent

as to produce mental strain and exhaustion, which is indicated by unusual irritability. With this condition the stomach sooner or later sympathizes, and cases of this kind are particularly obstinate under treatment. He says that there should be entire relaxation from business or study, and that the remedies employed should be such as act upon the brain, and tend to build up the nervous system. He uses the bromides, especially the bromide of ammonium, in full doses, phosphorous or the hypophosphites, and cod-liver oil, arsenic, and quinine. But if the stomach be in a diseased condition these remedies may not be well borne.

The Ratio of Insanity to the population is lower in the United States than in any other civilized country, and would be still lower if estimates could be limited to American born inhabitants. At least so says Dr. Everts, of the Cincinnati Sanitarium, in his annual report. One fact which swells the number of insane reported is that "almost all adults of of the feeble minded class are enumerated as insane." This is no less true in other States than in Illinois, where it was noted specially by Dr. Wilbur, of the asylum for feeble-minded children of that State. Dr. Everts expresses a truth which we all recognize when formulated, in saying: "With us it is more reputable to be mad than to be weak, and our public provision for those who have lost their reason is much more pretentious, if not more generous, than for those who never had much, if any, to lose." He thinks there is no ground for believing that insanity as a disease is increasing in this country.

A Case of Intussusception was reported by Dr. Sinclair White at a meeting of the Sheffield Medico-Chirurgical Society (London Lancet), in a child five years of age, who had been badly scalded on the buttocks and thighs. No collapse followed the scalding, and he was comfortable throughout the night and the next day until 5.30 p. m., when vomiting and purging began and continued until he passed into a state of collapse and died at 7.30 p. m. The post-mortem showed an intussusception of the small intestines without any signs of inflammation, and with an opening in the invaginated portion large enough to allow the passage of a full-sized catheter. The question was asked, was the intussusception the cause or effect of the vomiting and purging, or did it occur at the time of death?

Damiana, one of the new remedies, when taken in a poisonous dose produces effects similar to those of strychnine. Dr. W. H. Bentley relates in the Therapeutic Gazette the particulars of a case in which a large amount of the drug had been taken, mixed with apple-brandy, by an intoxicated man. In half an hour he was seized with tetanic convulsions, which increased in frequency, duration and severity, with well marked opisthotonos. He was treated by chloroform inhalations, with camphor and tannin internally. Electricity was employed along the spine and and over the stomach and bowels, and he was soon able to walk a short distance, but with evident loss of coördinating power.

The Causes of Insanity are such that in the opinion of Dr. Everts the American people may be assumed to have a comparative exemption from the disease. Life insurance records and the army statistics show that the organic heritage of the American people is superior to that of European natives, while it is unquestionable that ours is the best fed people in the world. Again, the disease drunkenness is less common among Americans of the present day than among their immediate or remote ancestors, and less common too than among the present inhabitants of Northern Europe, to whom they are so intimately related.

Oleates are not to be mixed with vaseline or any petroleum products, as the latter are not absorbed by the skin and retard the action of the oleates. Mineral fats have no affinity for animal tissues, while lard and other animal fats are rapidly absorbed by the skin of the human body.

In Ulcer of the Stomach and in chronic gastritis M. Broca advises (Practitioner) that the stomach should be washed out systematically, and that the patient should be fed artificially. In washing out the organ there are two indications to fulfil—one, to empty it of whatever it may contain, and the other to treat the diseased membrane with medicated solutions. He recommends the syphon tube, for the reason that it is so easy to manipulate that the patient can soon learn to wash out his stomach himself. After the washing, the patient is to be fed through the tube before it is withdrawn, with powdered meat, raw eggs or broth. He thinks great advantage is to be derived from over-feeding the patient, and states six hundred grammes of raw meat, one dozen eggs, and three litres of milk as a daily allowance, which may be easily exceeded. The increase in the amount of food should be gradual, a small quantity being given at first, until it is shown that milk and eggs are easily digested. If pain should come on several hours after eating, the stomach should be emptied with the tube. There is a permanent cure if the patients take proper care of themselves afterwards. He thinks this plan of treatment might be pursued with advantage in other than gastric disorders, as for instance in advanced phthisis.

A Case of Cancrum Nasi, under the care of Mr. J. O'Brien Kough, is reported in the London Lancet. The patient was a boy who had had measles in May. A discharge afterwards took place from the nose, and early in October the left side of his face became swollen and a small hole was seen on the side of the nose. This rapidly enlarged, and when he entered the hospital the left side of the nose was destroyed, and the eye threatened. The nasal cavity was exposed, and the septum, turbinated bones, and the floor were becoming involved, and in a few days the cartilagenous portion of the septum and the turbinated bones were destroyed. The alveolar processes were eaten away and two of the permanent teeth could be seen in their beds. The parotid was somewhat tender, but there was no involvement of the submaxillary glands. There was emaciation, diarrhœa, and a frequent pulse, with a temperature of 103. 6°. The patient was for some time in a dangerous condition. Quinine, port wine and plenty of milk, with three grains of Dover's powder, every four hours were given, and the wound was dressed every few hours and iodoform dusted upon it. There was ultimate recovery, with an unsightly hole in the nose and the eye drawn downwards.

Polyuria it is held by Professor Semmola may be due to a form of cerebral syphilis. He has reported three cases (Revista de Ciencias Médica), in one of which the patient passed in twenty-four hours forty-three pints of urine, with a specific gravity from 1001 to 1005. He had been treated by several physicians without success, and finally put himself under the care of the Professor, who discovered that he had chronic syphilis, and attributed the polyuria to that affection. He was treated with the albuminate of mercury hypodermically and iodide of potassium, and was cured in two months.

The Commencement exercises of Rush Medical College took place on the 20th inst. before a very large and appreciative audience, the faculty for the first time appearing in their robes of office. The graduates numbered one hundred and seventy-nine, and after receiving their diplomas were addressed by Dr. E. H. Van Patten, the valedictorian. The address on the part of the faculty was delivered by Prof. Gunn, who chose for his subject the "New Code of Ethics." In the evening a dinner was given, at the Grand Pacific, by the faculty of the college to the alumni, which was largely attended, it being estimated that four hundred were present.

Hospital Saturday and Sunday in Baltimore resulted in the collection of $2,221.58, which amount, less $226.52 expense involved in making the collection, was distributed among the various hospitals of the city.

Acute Chorea.—A case of this distressing malady is reported in the London Lancet as under the case of Dr. Goodhart, at the Evelina Hospital, who treated it successfully by massage without any medication. The choreic movements were of the most violent character, requiring the use of pillows around the sides of the cot to prevent the patient from injuring herself. Her friends were forbidden to see her and she was placed under a special nurse. Massage was employed night and morning for twenty minutes at a time. For the first twenty-four hours there seemed to be no effect produced, and she did not sleep, but in a short time she began to improve and in thirty-four days all choreic movement had disappeared.

Pneumonia, with symptoms of serious involvement of the meninges of the brain, is not uncommon in children, but it is rare to find this condition in the adult. Dr. J. T. Eskridge reports, in the Medical Times, two cases of pneumonia in grown persons in which there was total unconsciousness, with violent delirium, necessitating force to keep them in bed. The patients had both been addicted to strong drink, and one of them had suffered from diarrhœa for some time before the pneumonia occurred. In both cases there was consolidation of the entire right lung.

The Marital Rights of the Insane should be regulated as well as guarded is the proposition laid down by Dr. C. H. Hughes, in a paper read before the American Medical Association at St. Paul, and to be printed in the Alienist and Neurologist for April next. He claims that the State should prohibit the marriage of insane persons and victims of such diseases as entail insanity or epilepsy. He regards this as due to the insane and diseased patients themselves, who, if in their right mind, would not wish to have an offspring doomed to such a life as they themselves lead.

Drinking is a Vice and not a disease. Dr. Everts claims that it is the duty of the State to restrain, prevent or punish the vice, and thereby prevent the disease. He would have all drunkards removed to some place where they could be restrained from yielding to their vice and compelled to support themselves by industry adapted to their capacity, and at times be allowed an opportunity of testing their ability to control themselves under such circumstances as surround the citizens in general.

The Committee of the American Medical Association appointed to consider the advisability of issuing an Association journal, and to take steps to accomplish that object, has received such encouragement from the members of the association that they feel warranted in beginning its publication. It is to be a weekly, and it has been determined to publish it in Chicago. Dr. N. S. Davis, of that place, has been selected as the editor.

Mountain Fever, so called, is thought by Dr. B. P. Anderson (Denver Med. Times) to be due not to malarial infection or influence, but probably to accumulated secretions from the liver, kidneys and skin. He believes that a dose of calomel or blue pill taken every two or three months, with the practice of frequent bathing, would so thoroughly prevent this disease that physicians would seldom e called upon to treat it.

The First Annual Inter-State Exposition of the State of Mexico will be opened at Toluca, the capital, on the 2d of April, 1883, and will afford an excellent opportunity for acquiring a thorough knowledge of the people and commerce of the Mexican Republic. David V. Whiting, Esq., of Chicago, has been appointed by the Governor as Commissioner for the United States.

The Vomiting of Pregnancy is treated by Dr. F. C. Wallace (Med. and Surg. Reporter) with pop-corn. The corn should be popped in a wire popper, and should be light and white, and with a little salt sprinkled upon it is to be eaten freely. He says he has used it in many cases, and that it has "acted like a charm."

CONTRIBUTIONS.

THE PREVENTION OF GALL STONES.

BY A. M. CARPENTER.

[Prof. Practice of Medicine, College Phys. and Surg., Chicago.]

If you will surrender to me a *brief* paragraph in your columns to record a few facts of practical moment, I shall not make myself open to the charge of journal killing by drawing out an article to an inexcusable length sufficient to balk the ordinarily busy worker, who is desirous of getting utilizable matter from weekly periodicals that may be turned to ready account. Unfortunately, the practitioner who relies on a single text book is too often brought up taut when seeking succor for a perplexing case from its well thumbed pages, at best a resumé of symptomatic events, followed by a fusilade of remedies from which the reader must select as suits his fancy, or, because of the author's oversight, turn a page every day in vain search to make plain *the* agent which judgment and experimental observation has demonstrated to be the most reliable.

To annul prolonged pain (incident to the incarceration of either angular or round calculi of pronounced magnitude) due to spastic contraction of the choked duct, develops the staying powers of hard worked practitioners to a degree not always compatible with their duties to other sufferers, but relaxation once secured, the resultant icterus must need have attention till tissue stain is removed. Next, the attendant is asked to do that which he is too frequently incompetent to do, namely, offer some remedy to prevent the re-formation of the stone. Relying in part on chloroform to assist in relaxing the stenosed channel, he is at loss to see how it can dissolve a hard stone that has already cystallized, as suggested by some writers. It is tried and failure rewards his efforts; then he betakes himself to olive oil, succinate of iron, et al., to find no good ensuing. Discouraged, he steps to a train, accompanies his patient to a consultant, is amazed at the information received, to the effect that the alaklies, soda in particular, have an irresistible affinity for the bile, asking, "Where did you get the information? My author speaks of alkalies being used, but no stress is placed on their action or merits." Too true, the plumed writer himself knew, and supposed every other healer should know, the chemical composition of a gall stone, and readily apply the means for its solution, forgetting the unceasing labor imposed on the overworked physician, who has not time to delve in chemistry, but only to hastily hunt a remedy and be off on his mission.

'Tis easier to criticise than to digest and elaborate a subject; but I maintain, since men will write treatises, it should be understood by them that the common run of purchasers do not study the chemistry of gall concrements, hence, not qualified to prescribe skillfully in absence of an explanation as to the modus operandi of an agent. Were it made plain that the soda group exhibited marked affection for the bile in which the nuclei swim, and are about to fulfill a morbid destiny in the manufacture of calculi, that these nuclei embrace either mucus or thickened bile, with cholesterine as a base, around which particles of solid matter congregate, ultimately to elaborate a foreign body to harrass the owner, to vex and discomfit the physician, who is expected to parry successively and successfully every morbid change made by disease upon the economy, both intrinsic and extrinsic, and if not ready to cope with every difficulty, of whatever gravity, then he must acccept the verdict of incompetency which lay folk are too ready to fling to his front.

How easy to have said, these formations can be prevented by flooding the bile (with soda or some of the potash family) so as to hold soluble the primordial elements concerned in their construction. Such a text to the hard-worked man would be a blessing; the many would be saved a mine of torture; new laurels would be added to those already well earned; lines of differentiation could be drawn by the ignorant between the vain pretender and the competent; the multitude would be convinced of truth in medicine, skilled possessors to apply it and gracefully wear the honors flowing legitimately out of successful endeavor. A distressing picture typical of this subject was brought to me from Northeast Missouri eighteen years ago. Lady aged thirty, had been seeking relief for years from hepatic colic; the attacks recurred weekly and finally almost daily for many months, necessitating the presence of a physician armed with morphia, and charging the integument constantly to afford a moiety of ease. Emaciation was great, the skin jaundiced, appetite gone, constipation obstinate, to remedy which she was ordered a pill composed of: ℞. Nux Vomica Ext., gr. xii; Colocynth Alcoholic Ext., gr. xxiv; Belladonna Ext., gr. iv; Hyosciami Ext., gr xxx, for pil. 24. S. One night and morning. To keep soluble the factors of gall stones she took: ℞. Potassic Bicarbonat., ℥iii; Spr. Ammon. Aro., ℥ss; Aq. Menth, ℥iiiss. M. S. Teaspoonful before meals, which she continued for three months almost without intermission, at the end of which time she wrote me saying she had only three attacks, during each of which she passed a round calculus about the size of a half grown pea. Her strength, buoyancy and rotundity have returned—no recurrences of the colic since. The calculi are in my collectibn. Finally, I would re-

mark that the choleate of soda or the phosphate might have proven quite as eligible.

107 Clark St., Chicago.

REPORT OF A CASE OF FRACTURE OF THE LOWER END OF THE HUMERUS.

BY J. R. LEMEN, M.D.

G., aged 35 years, occupation, teamster, while driving his wagon heavily loaded with lumber, slipped and fell in such a position that the right arm was run over by the hind wheel of the wagon, the wheel passing over the arm just above the condyles of humerus, producing a compound comminuted fracture extending into the joint. The wound in the soft parts was immediately above the external condyle. The tissues were so much bruised and torn that no attempt was made to hermetically seal the wound. Upon the fourth day the bruised tissue began sloughing, and extended the dimensions of the wound until it measured about an inch in diameter. The arm was placed in the semiflexed position, and a stiff leather splint applied, hoping to get entire anchylosis, which, I considered, would be the best possible result for the patient. The wound in soft parts was treated with warm solution of carbolic acid, 5 grs. to ℥i, keeping it dressed constantly in this manner, directing the nurse to change the clothes without exposing the wound to air, and showing her how to do this. On the eighth day the patient complaining that the wound was exceedingly painful and annoying him greatly—it was exposed, and upon examination found to be full of maggots. These were cleaned out thoroughly and the parts washed with a very strong solution of carbolic acid, and dressed with carbolized oil, 5 grs. to ℥i. The wound in soft parts soon began granulating and healed without any more trouble in about three weeks. The arm was kept in the splint four weeks longer, and then discarding the splint a bandage sling was used for two weeks. At the end of the tenth week firm union was found at the seat of fracture, and motion was found to such a degree that the fingers extended described the arc of a circle about six inches in extent.

REMARKS.

I was considerably surprised to find any motion in the joint, as Dr. Hamilton recommends the total disuse of splints after the first week, if we expect to get movement of joint, with passive motion daily. I may say that if the patient had continued treatment longer, and allowed me to have instituted passive motion for an extended length of time, I believe he would have recovered the entire use of his arm. He however remarked that it was good enough for him, and ceased to visit my office.

CHINESE PHARMACOPŒIA.

BY R. LONGUET.

The children of the sun are of all the people in the world those most inclined to drug and medicate themselves. Monsieur Fleurant is among them, a man of importance and makes money. Is the Chinese a drug-eater by temperament, or is it rather that being ill-nourished, ill-clad, ill-housed, this demand for simples is made natural by the necessities and sufferings of so miserable a life? There may be both these elements in this strange mania. However it be, the traffic in simples holds a considerable place in the general transactions of the Celestial Empire. At Hankow, one of the ports open to foreigners, there pass through the custom-house more than 20,000,000 pounds of drugs a year; roots, bulbs, barks, stems, leaves, etc. At Ningpo this special department reaches to a third or even a half of the total amount of business, and for the whole of China the proportion may be estimated at one-fifth of the general traffic.

In therapeutics the Chinese is essentially Thompsonian or vegetarian. Mineral remedies are employed only externally. Mercury even in syphilis does not find favor. They allow its efficacy, but it is accused of leading to impotence and sterility, and on this point they don't listen to jesting. Another peculiarity is that this medicinal material is essentially local and personal. Not one of the products which the Chinese prepare and sell to the foreign trade in considerable quantities, viz: rhubarb, olives, castor oil, camphor, etc., has the least estimation among them. For example, they consider rhubarb as the basis of all the European medicine, and as one of the social infirmities of weak civilization. During the war of 1839-40, there was a serious question in high circles of interdicting the exportation of the precious root, with the idea that this prohibition would have for its result to cause all the Europeans to perish a miserable death with short delay—by obstruction. Finally the principal remedies which retain their favor by tradition and a blind empiricism are really universal specifics. There is the famous ginseng, which holds the first place both as to the extent to which it is used and to the multiplicity of its virtues. This root has been studied in Europe by Ræzinski, in a work presented to the Society of Naturalists of Moscow. Calan Meyer and Schultz had already had specimens in their hand; but it appeared that in China even there are great differences in the products which bear that name, and that in Europe and America there are scarcely seen any specimens except of the poorest quality and of uncertain authenticity. So Frederick Newcome, in the Med. Press and Circular, to whom we owe part of these facts, thinks that we are not sufficiently au-

thorized to deny its therapeutic value, so prized in China. It begets a traffic which reaches millions of pounds sterling. Some varieties command quite a price; that which comes from Mandchourie is sold at twenty-five francs an ounce. Ginseng constitutes, as it were, a part of the regular regime of every man who has any regard for his own health. As to its pharmacodynamic properties, the Chinese, who does not push physiological analysis very far, sees there especially a tonic, the remedy par excellence, the panacea. The Tang nee is another of the araliaciæ related to the ginseng, the aralia edulis, a very common shrub in China. Millions of quintals of it are consumed annually; Hankow exported, in 1880, more than a million of francs worth of it. It is employed for debility and uterine disease. The paichu is the root of a sort of thistle; it is a tonic and stimulant. The yuang-schen is administered to lying-in women as a galæ-tagogue, but it is used also in fevers, diseases of the heart, lungs and kidneys; it is a second edition of ginseng for those having light purses. The maitung is the bulb of one of the liliaceæ, the ophiogon Japanicus; a tonic and refrigerant, it is given against vomiting, spitting of blood, cough and pulmonary diseases in general. It is narcotic in large doses. The perium (liliacea revularia) is employed against fevers, dysentery, internal hemorrhage, gravel and diseases of the bladder. The schenghi (repinannia Chinensis) is used by the physicians of Canton as a depurative and general modifier. The yuantro has the same virtues; it is, moreover, astringent and sedative, and is employed in the diseases of women. The yujoh is a vermifuge, a febrifuge and again an aphrodisiæ.

This list is far from comprising the current daily pharmacopœia of the Chinese; a hundred other simples answer to similar indications, which show the roughly symptomatic method which inspires their therapeutics. There is no doubt that among the vegetable or mineral products which that vast empire conceals, where almost all climates are represented, there will be discovered many remedies of value when China shall open up her country, which a government opposed to popular enlightment closes invincibly to the efforts of our diplomacy. In the midst of the dryness of some high plateau, in the mud of some rice-field, perhaps vegetates obscurely the specific against hydrophobia or tuberculosis.

L'Union Méd., Jan. 9, 1883.

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*TREATMENT OF WHITLOW.**

Prof. Nussbaum, of Munich, in a clinical lecture on the treatment of whitlow, seemingly apologises for losing words over so common an affection for which every washerwoman almost has a remedy. Its very commonness however makes it important, and the preservation of a finger is often as essential to the usefulness of a man as the preservation of a leg. He asks why whitlow is so often maltreated? He says, as of old, the felon is at first neglected by the patient, then poulticed and in a fortunate event a white point will form, the skin will break and the finger heals. These are the cases which do not come under the observation of the physician. When the latter is consulted the disease is two or three weeks old. The finger has been amply anointed and plastered; the patient did not think it necessary to stop work on account of a sore finger. It is now red or violet, of shining appearance, the skin at a high tension, the finger stiff and immovable, the hand swollen, the pain very intense as far as the axilla, the nights sleepless, the patient has high fever, loss of appetite and feels as if very sick. Sometimes the skin has already broken and some pus has been discharged. The physician feels whether he can detect fluctuation, and at a suspected point makes a little cut and frees some pus which has collected superficially, and then sends the patient home with directions to make poultices and bathe the finger well. But it does not get better, the incision did no good. The finger swells more, the pain keeps the patient awake all night, he bathes and poultices with no avail; at last, after several weeks it heals, but how? the finger is stiff, or necrosis of a phalanx has set in.

This the professor describes as the course of hundreds of cases, and as the general routine of practice. And now the professor comments on the aid of chloroform and Lister, and says, when such a case of whitlow in the second and third stage comes to you with pain and fever, don't make a small incision which will aggravate the case. The pus, which is the cause of the whole trouble, lies in the depth immediately around the periostium, and fluctuation can generally not be felt at all. Without anesthetics you can do nothing. Take a strong bistoury and plunge it in on the radial or ulna side (both if the tension be great) of the affected phalanx down to the bone, and enlarge the cut to the next joint, sparing this of course. Likewise treat the second and third phalanx until the pus is found and the tension relieved. When the hand is much swollen you may suspect pus there too, although it may not be felt, and the knife must be plunged in to the metacarpal bone. Never make the cut on the volar or dorsal side of the finger, in order to avoid the tendons. The cicatrix on the volar surface, especially on the third phalanx, will seriously impair the function of touch. I need not state, he adds, that Lister's dressing expedites the recovery.

*Translation from The Deutsche Medicinische Zeitung.

SPONTANEOUS CONTRACTIONS OF THE UTERUS.

At the meeting of the French Academy of Sciences, December 26, 1882, M. Dembo, in a note presented by M. Vulpian, gave an account of his experimental researches upon the spontaneous contractions of the uterus in mammifers. The following is his statement:

After having experimented upon 123 animals, I have arrived at the following conlusions: 1. There do not exist spontaneous contractions of the uterus properly so-called; but this organ is susceptible of contracting easily under the influence of different agents: every contraction called spontaneous is due to a physical or mechanical cause. 2. The gravid uterus is always more ready to give the so-called spontaneous contractions than a non-gravid uterus, especially under the influence of thermic excitation. In a cow in which one cornu alone of the uterus is impregnated, may be seen, under the influence of similar excitation, that cornu contract more energetically than the empty cornu of the same uterus. 3. The uterus of a very young doe rabbit sometimes gives more energetic contractions than those of an adult uterus. 4. When the belly is opened cautiously in a well-warmed chamber, the spontaneous contractions, so-called, are seldom observed.

In order to comprehend the cause of these phenomena, I have studied the action of different agents, electric, thermic, mechanical and chemical, upon the uteri of different animals at different ages. When we directly excite the uterus, or rather the inferior vesical wall of the vagina (anterior in woman) on the peritoneal side, we note the following facts: a. Chemical action upon the uterus is sometimes null. With chromic, nitric or acetic acid applied directly upon the inferior wall of the vagina, we very rarely provoke uterine contraction, although excitation of this wall, as I have demonstrated, is peculiarly capable of producing movements of the uterus. b. Mechanical action, rubbing, is one of the most constant excitants in its action upon the uterus, gravid or not, whether it preserves its normal relations or has been previously removed from the animal. c. The thermic excitants, heat and cold, have an efficacious action upon the uteri of all the animals tested. The degree of excitability of the uterus by this agent is in direct relation with the difference between the temperature of the uterus and that of the surrounding medium. During pregnancy the excitability by thermic agents is more and more marked. I have been able to expel two fetuses from the uterus of a young rabbit during the period of travail by plunging that uterus into a bath of 45° (113°F.), when the maximum induced current of electricity obtained by the aid of the apparatus à chariot did not produce contractions sufficient to effect this. A similar case is cited by Calliburcès.

If we consider, on the one hand, this difference of excitability of the uterus to thermic agents during pregnancy and in the unimpregnated state, and, on the other hand, the lively sensibility of this organ to mechanical agents, as rubbing, we are lead to admit that the divergence of the opinions advanced by different authors is due to the difference in the method which they have employed, and to that of the conditions in which they have operated. This action of the temperature explains how a gravid uterus often shows contractions, when the belly of the animal is opened. The colder is the atmosphere in which one operates, the stronger do the contractions become. A proof that an action is exercised here by the external heat is, that in repeating my experiments at Vienna, in the laboratory of M. Strieker, which is very thoroughly warmed, I did not so often observe contractions as in the laboratory of l'école de Médicine of Paris. At the abattoir, where I operated in the court-yard at a temperature of 6° to 8° C. (41.8° to 55° F.), I have almost always seen most energetic contractions, and sometimes these contractions recurred without cessation during thirty minutes. We cannot then consider as demonstrative the experiences of Frommel, who in a recent work has thought that he was able to establish the reality of spontaneous contractions of the uterus, in the normal state, by introducing a tube and recording, by aid of a hemodynamometer, the movements of the organ. It appears to me certain that this experimenter thus recorded not the spontaneous contractions of the uterus, but contractions provoked by mechanical excitation, proceeding from the direct action of the tube or the liquid employed in his experiments."
—L'Union Méd., Jan. 4, '83.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, Feb. 17, 1883.

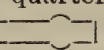
The President, Dr. Wm. L. Barret, in the chair.

HORNY TUMOR OF PENIS.

DR. LAIDLEY presented a horny tumor, which he had removed from a patient whom he circumcised five years ago for a troublesome phymosis. The tumor was along the tract of the frænum, about an eighth of an inch from the meatus, and extending backwards at an angle of 45°, being about an inch long. He tried to remove not only the tumor but also the membrane producing it, by incision. The operation was a failure, and a day or two since he softened the recurrent tumor, peeled it off and cau-

terized the tissues beneath with a Paquelin's thermo-cautery. The peculiarity connected with the tumor is its locality, as they are rarely found upon the penis. It developed rapidly the second time, attaining the length of an inch in a month.

PRESENTATION OF SPLINT.

DR LAIDLEY also presented the splint employed in the case of resection of the knee-joint presented by him at a previons meeting, on account of its simplicity and the good result obtained with it. It is made of three-quarter inch hoop iron, bent as in the diagram,  the sides being encased in a plaster of paris bandage and the limb swung to the ceiling, permitting, among other things, more convenience in applying the dressings.

DR. HUGHES asked what advantage resection of the knee had over amputation and an artificial limb.

DR. LAIDLEY replied that a very useful limb had been obtained, and that amputation would have been as dangerous, and the best manner of demonstrating the advantages would be to do so upon the patient.

GONORRHŒAL RHEUMATISM.

DR. E. A. CHANCELLOR spoke of gonorrhœal rheumatism, claiming that it differed from rheumatism. arthritis, pyarthritis, etc. There is no fever, perspiration or elevation of temperature or pulse, and it does not depend upon a rheumatic diathesis. The swelling comes on after the gonorrhœal discharge subsides, the latter reappearing when the arthritis disappears. It is chronic in character and produces complete or incomplete anchylosis of the joint. At the last meeting he failed to call attention to the use of cupping and leeching, and of saline, alkaline and thermo-mineral waters. A member stated at the last meeting that the knee was always affected. Dr. C. has met with thirty-three cases that were poly-articular. Have seen cases of peritonitis, resulting from gonorrhœa, but they occurred in females, one out of three dying. It was rather perimetritis.

DR. ATWOOD stated that he recognized gonorrhœal rheumatism as a distinct disease. He had a case some years ago, two months after the attack, the patient having several large bed-sores. There was a complete paralysis of the right and left limbs, and all the joints were enormously enlarged and œdematous. The treatment consisted in strong liniments and enveloping the joints in cotton. After some time the oleates of mercury and atropine were applied, together with strychnia, quinia, etc., internally and anodynes. The patient improved, the paralysis disappeared, and he is to-day a well man.

DR. HUGHES said that the hemiphlegia would not be regarded as gonorrhœal. He wished to be understood not as denying the clinical fact, but he controverted the view that there is a specific gonorrhœal rheumatism independent of a rheumatic diathesis. It could not be explained on the hypothesis of septic infection, as it was too rapid in its development and disappearance.

DR. HURT believed its origin to be due to a retrocession of the gonorrhœal virus.

DR. A. GREEN said that peritonitis from gonorrhœa in the female could be readily explained, but not so the articular affection. He was inclined to the view that rheumatism would have appeared even if no gonorrhœa had been present.

DR. FAIRBROTHER reported a case in which no treatment had any good effect, and improvement only followed treatment at Hot Springs. He was inclined to regard it as syphilitic.

DR. BERNAYS said that the recurrence of the joint trouble with each attack of gonorrhœa was in favor of its being a distinct affection. In one case he saw a swelling of the lymphatics of the groin on the same side as the swelling of the limb, and if this occurred in every case the process might be explained.

DR. ATWOOD replied that, because no direct connection could be found between the gonorrhœa and the arthritis, it did not militate against the hypothesis. What connection can we find beteeen the bronzing of the skin and the supra-renal capsules in Addison's disease? He is opposed to the theory of metastasis, as he has found the discharge to be greatest when the joint affection is at its height.

DR. CHANCELLOR'S experience is the opposite, although Gosselin, Hardy and Fournier state what Dr. Atwood has said. Dr. C. saw cases of gonorrhœal rheumatism and of inflammatory rheumatism, and under the same treatment the latter improved and the former did not. Many cases of stiff joints follow and puncture does no good.

DR. HUGHES is not inclined to oppose the existence of a gonorrhœal arthritis. The treatment is no criterion, however, in the absence of lithic acid in the urine, as it is still undecided whether the acid is the cause or the consequence of rheumatism; he regarded it only as a coincidence. He does not believe in the existence of a gonorrhœal rheumatism, although a gonorrhœal arthritis may be possible.

MILWAUKEE COUNTY MEDICAL SOCIETY.

REPORTED BY H. M. BROWN, M.D , SEC'Y.

Regular meeting, Feb. 20, 1883.

Owing to absence of Dr. Wm. Fox, Dr. N. Senn was elected chairman pro tem. The paper for the evening was by Dr. H. P. Wenzel, on Mammary Abscess, and the use of the six-tailed bandage. He described the causes leading to abscess of the breast, and considered those women who were

troubled with pain and irritation of the breast before parturition to be most prone to suffer from this affection. He thought it important to relieve this anti-parturient pain and irritation by the use of astringent and soothing lotions. He reported nine cases of mammary abscess, and described in detail the modus medendi of the six-tailed bandage, its advantages being that it could be arranged to give elastic and equable pressure, and at the same time acted as a support, a splint, a poultice, and was cheap, and always at hand. He considered the early application of the bandage important, and described the great and almost immediate relief experienced by women upon its application. He accredited Dr. Noble, of Virginia, with its introduction for this purpose, and thought a hole should be provided for the nipple in the center of the middle of the bandage. Attention was called to the necessity of making the opening in lancing these abcesses at the lowest possible point, in order to secure perfect drainage.

Dr. James Dorland reported two cases, and considered that variety of the disease beginning in the lacteal ducts the most intractable, and had found that after opening abscesses of this kind, that often within twenty-four hours of the operation nature produced an orifice for the discharge at some better place in the breast.

Dr. Brown reported a case of abscess located under the gland, and considered this sub-glandular form of the disease rather of rare occurrence. He thought deep incision at the lowest point of the base of the breast necessary, and advised the method of opening deep pus cavities by the insertion and opening of a pair of dressing forceps, after the manner of Hilton.

Dr. N. Senn thought a proper discrimination of the various forms of the disease of the utmost importance in regard to the mode of treatment, and believed the form beginning in the milk ducts especially benefited by equable and elastic pressure early in the course of the disease. He considered the actual degeneration of the gland tissue called for conservative measures, as advised by Paget. He thought the sub-glandular form should be operated upon as soon as pus was recognized. He described the eczematous inflammation of the nipple and breast which is most often followed by cancer, and desired to call the attention of the society to the fact that abscess of the gland was often due to an auto-genetic infection from the absorption of the products of inflammation from a cracked nipple. He regarded constitutional treatment in all cases of vital importance and considered that orthodox antiseptic treatment should follow the artificial or natural opening of one of these abcesses, and *thorough drainage* with large drainage tubes as very important. He suggested that elastic pressure might be best produced with the elastic bandage of Martin, or with a large sponge hollowed out to receive the breast and covered with a bandage. He thought poulticing of the breast had done much harm in many cases, from lack of care in making diagnosis of location of disease, and being a sort of old woman's measure was too often prescribed as a matter of routine practice.

Discussion declared closed.

Dr. H. M. Brown reported case, and showed specimen of hair taken from the head of a woman, Jan. 20, at 10 a. m., 3 and 5 p. m. respectively, showing variations of color with the changes of the weather, the hair becoming three or four shades lighter in sunny weather than what it was in cloudy weather. The patient had noticed this peculiarity for many years. The hair on the shins and pubes following the same peculiar law. Dr. Brown thought the case unique.

Dr. Senn reported a case of gangrene of the lower extremity from artheromatous and calcareous degeneration of the arteries, specimens of which were shown. The gangrene was of the moist variety, moist because of the loss of the *vis a tergo* from the inelasticity of the arteries, and consequently of the inability of the veins to return the blood to the heart. Amputation was performed, followed by death.

A case of fibro-sarcoma, following the tying off of two warts on the right cheek, was presented. The tumor had been removed. In this case there was almost no involvment of the glandular tissue in the neighborhood of the tumor.

A case of removal of a large fibroid from the nose of a man of 45 or 50 years of age was also presented. The tumor had been growing twenty-eight years, and was complicated with hypertrophy of the skin and all the tissues of the nose. The face of the patient was much disfigured, the nose being about four and a half inches long and two inches thick. The tumor was removed, leaving the cartilages intact, and flaps to form a new nose made from the neighboring tissue, which was somewhat hypertrophied. The tumor proved to be purely fibrous, and was removed on account of having been partially frozen during the recent cold weather.

The censors approved of the credentials of Dr. N. Dodge, who was declared a member of the society.

Adjourned to meet March 6, 1883.

Dr. Wm. A. Byrd, our esteemed Quincy contributor, gave us a call during the past week, and is hale and hearty and as jovial as ever. He has not yet lost his grip on lumbar colotomy, and our readers may expect to hear from him in his favorite topic at an early date.

CORRESPONDENCE.

THE TRI-STATE MEDICAL SOCIETY.

EDITOR REVIEW:

One of the most important medical events of the year will be the meeting of the Tri-State Medical Society at Indianapolis in September. Already the work for this convention is far advanced, owing to the almost perfect organization of the society.

Some years ago the society found that the hospitality of the citizens in the places of meeting to some extent interfered with its proper work, and that long papers crowded out shorter and better ones. It was then resolved that the society accept of no banquets, etc., and that all papers be limited to twenty-five minutes.

From that time the increase in interest and attendance was marked, and now during each of the three days of the meeting three sessions are held, fully occupied with short, practical papers and discussions, the authors having been previously selected by the committee on programme.

The "Tri-State" is in exact harmony with the different State and other local societies, leaving to them all matters of legislation and ethics, and requiring that its members be also members in good standing of one or more of these.

The territory embraced is Indiana, Kentucky and Illinois, to which Cincinnati and St. Louis have been added. At the last meeting there were many visitors from other States.

The "Tri-State" holds front rank in reputation in both Europe and America as a working society, and work has been the secret of its success.

For further information address any of the officers. Dr. Wm. Porter, St. Louis, president; Dr. G. W. Burton, Mitchell, Ind., secretary; Dr. F. W. Beard, Vincennes, Ind., treasurer; Dr. T. B. Harvey, Indianapolis, chairman of committee of arrangements; Dr. J. L. Thompson, Indianapolis, chairman of committee on programme.

Respectfully,

G. W. BURTON, Sec.

SELECTIONS.

DISLOCATION OF THE HUMERUS.

It is not often that the sensations accompanying the diseases from which a physician suffers himself are recorded, but in the Edinburgh, Medical Journal Dr. Neil Macleod gives the following:

In a dislocation of the humerus, when the head of the bone is below the glenoid cavity, the deltoid is put on the stretch by abducting the arm, and this tension is increased by extension of the limb in a line parallel to the long axis of the body. These movements are made in reduction of this dislocation with the "heel in the axilla." Under such circumstances an injury to the deltoid may be produced, or at all events may be greatly increased if already present. Before reducing such a dislocation, one would say that, theoretically, the reducing force ought to have a direction the opposite of that of the force (when indirect) producing the injury. Extension of the arm, as in the method with the heel in the axilla, certainly does not act in this way, but does succeed in reducing the dislocation, with, as I shall show in my own case, the infliction of very great pain (without chloroform), with injury to the deltoid muscle, and possibly an increase of the injury to the capsule and neighboring soft tissues.

In February, 1882, when riding across country after the hounds and going fast, my pony came down and pitched me over his head. I have a distinct recollection of going head-foremost between the legs of another pony which was sprawling on his back, of guarding my head with my right elbow, and then of finding myself standing with the right arm well abducted and carefully supported by my left hand. The injury was easily diagnosed. My partner, Dr. Henderson, had fallen in front of me, and in less time than I take to write it my coat was off and attempts were instituted to reduce a subglenoid dislocation of the humerus by manipulation. These failed, and being more painful than I could endure, even stunned as I was, I elected to have it reduced with the heel in the axilla. This succeeded, and Dr. Henderson set off after the hounds again.

On reviewing the situation, I distinctly remembered the condition of things before reduction was attempted, the general indefinite feeling of soreness about the shoulder, and the acute pain *at the insertion of the deltoid* on any attempt at adduction, absent when the elbow was abducted and supported, or the body inclined to the injured side. When the arm was extended outwards to the right on a level with the shoulder, as was done in manipulation, there was no pain. During reduction with the heel in the axilla the pain at the insertion of the deltoid was intense, and made me feel faint, and it continued for days even with the limb at rest. The shoulder swelled considerably, but on the second day there could be felt and seen two small, hard swellings, separated by a hollow, painful to touch, and situated at the insertion of the deltoid, while the overlying skin was discolored from extravasated blood, there being no discoloration about the shoulder itself for some days. Six weeks after the injury these lumps were present and still tender,

and even now (after eight months) sudden abduction of the arm is accompanied by pain at this spot, probably from adhesions. That there was a tear at the insertion of the deltoid is evident; that this tear, judging from the history of the pain, if not produced, was certainly aggravated, by the process of reduction. It is noteworthy that abduction of the elbow in the attempt to reduce by manipulation was not painful at this spot, though the pressure on the head of the bone was exceedingly so.

The rent in the capsule is made by the head of the bone, the shaft being well abducted, and the return of the head through the rent cannot be facilitated by abducting and extending the elbow downwards in the line of the trunk. The various methods of reduction designated as those of H. Smith, Hulke, Sir A. Cooper, and others, have one element in common, that of *extension of the limb outwards*. So that instead of the surgeon seating himself by the patient's side on the ground or floor, as in the usual "heel in the axilla" method, and making the extension downwards, let him sit at right angles to the patient, with one heel in the axilla, the other on the root of the neck, when extension outwards, or outwards and upwards if preferred, would not endanger the deltoid (in this position not on the stretch), and the head of the bone should make its exit through the rent in the capsule very much as it entered the same. If this method fail without, it could then be tried with chloroform.

As compared with the ordinary "heel in the axilla" plan, the method I suggest has the following probable advantages:—Less danger of injury to the deltoid muscle, less pain during and after the act of reduction, less resistance from the deltoid itself during reduction, and theoretically a more sensible position of the humerus during the act, the head of the bone returning through the rent capsule and soft tissues in the direction opposite to its entrance.

The Application of the Sling.—I wore the ordinary three-cornered sling for two days in the usual fashion, the narrow part of the loop being round the neck, the wide part supporting the forearm and elbow; but I found this very uncomfortable in a jolting carriage and in going up and down stairs, when the arm made movements independently of the body, causing pain, while the elbow was tilted forwards and slightly drawn across the body by the action of the sling. The addition of a band to fix the elbow to the side removed this, but added to the discomfort of the sling, uncomfortable enough from the restraint alone. The same sling, however, I succeeded in applying so as to support the elbow, fix it to the side, and keep the shaft of the humerus parallel to the long axis of the trunk, rendering the motions of the limb consentaneous with those of the body. Let the patient sit on a chair with the injured upper arm hanging perpendicularly, the forearm flexed at right angles and close to the trunk, the hand between supination and pronation. Take the *longest* side of a triangular sling by its two extremities, and apply the middle of this side so as just to overlap the outer aspect of the elbow, the apex of the triangle being towards the hand; then tie the ends (already in the hand) across the injured shoulder; this will support the elbow and fix it to the side. One short side of the sling will then pass from the knot downwards in front of the hand, and the other short side will be found between the forearm and the trunk. The apex should then be tucked upwards next the body and fixed with safety pins to the front plane of the sling, so that the hand and arm may lie in the fold thus formed for them. With my sling so arranged I could move about with freedom and some degree of comfort, not fearing any jolting, and was even enabled to ride on horseback a week after the injury.

Before the accident I had never slept on the *left* side; after it I was obliged to do so, and now I can sleep on either side at will.

CASES OF PUERPERAL SEPTICÆMIA.

BY FRED. C. CORY, M.D., ST. AND., ETC.

The following cases with the remarks appear in THE LANCET:

Mrs. R.——, aged twenty-three years, a healthy and fairly strong young woman, was confined after a few hours of active labor of a well nourished male infant. She progressed favorably until the third day, when I found her feverish, pulse 120, temperature 103.5°; furred tongue, great pain in the head, intolerance of light, pain in and distension of abdomen, lochia scanty and fetid, bowels and bladder acting, with very little milk in her breasts. At this stage I observed the infant to have purulent ophthalmia of both eyes. The house was not well drained; the bath room adjoined the lying-in one; the waste pipe of the bath I found to be untrapped and in direct communication with a sewer from which an immense amount of sewer gas was escaping. This was forthwith plugged, and I gave directions to have it trapped effectually. Fortunately I had with me a Higginson and a full-sized gum-elastic male catheter. Removing the patient to the edge of the bed with the nates well over the side, a waterproof sheet under her to protect the bed, and a good sized foot bath at hand, and a large jug of warm water, temperature about 96°. with the addition of a small quantity of salt, I connected the catheter by a piece of elastic tubing with the bone pipe of the Higginson, then introducing the former quite up to the fundus of the uterus washed out the cavity of that viscus com-

pletely, to the great relief of my patient, she exclaiming, "My head is getting better." The stench was most offensive and abominable. This process was repeated daily for a few days, combined with occasional warm turpentine flannels to relieve the abdominal distension. Bark with effervescing citrate of ammonia and a light nourishing diet soon put my patient on the convalescent list. The escape of sewer gas from the bath room was no doubt the cause of the uterine trouble, and probably added its quota as a factor to produce the purulent ophthalmia in the infant. No ergot was given in the labor. I mention this on account of a case I once saw where ergotine was subcutaneously injected in the arm for post-partum hemorrhage. Erysipelas supervened, first around the needle puncture and then all over the limb, the patient suffering much from septic poisoning, and being in great peril for some time, although ultimately making a good recovery.

Mrs. D——, married at sixteen, had always enjoyed good health and never required the doctor except for her confinements, of which she had had already four healthy children, but always with "after trouble," as she expressed it. The coming accouchement she greatly dreaded. I carefully inspected all the drains and traps in the house, and found them working well. In due course she had an ordinary labor, occupying only a few hours. A strong, healthy boy was born. On the evening of the second day she was seized with shivering, headache, abdominal pain and tenderness, lochia scanty and offensive, bowels obstinate, urine full of deposits, skin moist, pulse 125, temperature 103.2°, much restlessness, was very depressed in spirits and hysterical, no milk in the breasts. Great and immediate relief was derived from the washing out of the uterus and vagina, so much so that she had some hours of refreshing sleep, and relieving all the other distressing symptoms. The other treatment was by tonics, light and nourishing diet, which soon completed a cure. I could discover no cause for her "after trouble," as she expressed it. Eighteen months having elapsed, I was again requested by Mrs. D—— to attend her. I advised her to obtain every article required for her accouchement quite new, even to bed-linen, waterproof sheets, etc., having long suspected the enemy might lie concealed in the articles of clothing made use of at her confinement. A short time afterwards she was delivered of a healthy girl, and made a rapid recovery, entirely free from any septic trouble whatever, the surroundings being the same as in all the other confinements.

In thinking over this case I can come to no other conclusion than that the linen and bed-clothes contained the fomites of disease. The above two cases are only types of a great many others having similar characteristics which I have met with in a large obstetric practice of some years' duration. Since I have adopted the plan of syringing out the vagina, and in some cases the uterus too, with warm water (a little salt added) on the second or third day, I have had no difficulty in preventing disease and procuring a rapid and complete recovery, saving the woman much suffering and much dosing with physic.

I have known the following cause post-partum septicæmia:—1. Bad drainage and escape of sewer gas in the house—such as deficient closets, sinks and waste water-pipes in cisterns untrapped. 2. Open gully-holes near the house and bed-room. 3. Surface drainage from other houses passing in ditches or water-courses. 4. Closets placed over stagnant ponds near to the house, which are common enough all over the country, especially at farm houses. (The farm stock always drink this pond water and seem to prefer it). 5. Dirty pig-styes near the dwellings of the poor. 6. Scarlet fever and erysipelas infections can be traced to have caused post-partum septicæmia. I have several times had to attend women in their confinements who up to that time had been constantly watching and nursing their children down with scarlet fever. Yet nearly all these women recovered without the slightest sign of after septic trouble.

During the epidemics of scarlet fever, this fact is well known to every practitioner of medicine. I once had a case of severe traumatic erysipelas of head and face, with great constitutional disturbance and delirium, in a patient who was confined at the height of the disease. I dreaded the post-partum consequences, for she was a very valuable life. However, she had a good delivery and made a rapid recovery without any symptoms of uterine trouble. I do not infer from the above fact that the obstetrician should be careless in exposing his patients to unnecessary infection. He cannot be too careful in cleanliness, and in changing his clothing as often as needs be.—[Buckhurst-hill, Essex.

CLINICAL LECTURE ON CANCER OF THE STOMACH.

BY DR. PEPPER, OF PHILADELPHIA.

I had until recently under my care a lady of about middle age, suffering from tinnitus in the left ear, evidently depending upon some subacute inflammatory change in the middle ear. At times, it seemed to threaten development into Meniére's disease, *i. e.*, attacks of vertigo associated with tinnitus, but I cannot say that it ever fully assumed this character. She appeared to be benefited by a course of treatment which consisted in careful

attention to hygiene and diet, the prolonged use of quinia with iodide of potassium and counter-irritation over the mastoid process and the nape of the neck.

Last spring, while feeling unusually well, she began to complain of a great deal of gastric distress. This was most marked after eating. It appeared to be relieved by a prescription containing pepsin, and the omission of all other remedies, but it soon returned. There was never any vomiting. Examination of the abdomen showed tenderness, but no thickening or hardening could be detected. She came of a healthy family, her mother living to the age of 82, and as far as could be discovered, no member of the family had suffered from malignant disease. There has been no sufficient cause to explain the development of gastric pain; and I have therefore, for a time, hoped that it might prove to be a case of gastralagia, which her anæmic condition rendered not improbable. I had, however, observed that it differed from a gastralgia in two particulars. In the first place the taking of food, instead of affording relief, increased the distress. In simple neuralgia of the stomach, we generally find that the ingestion of food relieves the pain, which again appears as the stomach becomes empty. In the second place, the pain was constant, instead of being paroxysmal, as is usual in gastralgia. I therefore suspected the existence of a gastric ulcer. There was, however, no vomiting, the amount of tenderness was not extreme and the occurrence of simple gastric ulcer in a woman whose surroundings were favorable, who had good food, and who was free from all care, is unusual. * * *

As the spring went on, finding my attempts to relieve this pain were unsuccessful, I put the patient to bed and gave her an exclusive diet of milk, in small qantities at short intervals. I also gave her alteratives, such as bismuth, nitrate of silver, minute doses of carbolic acid, with soda, valerianate of zinc and various other preparations, hoping to relieve the gastric distress; but nothing afforded relief, and she became thinner and thinner. About the middle of June I went away, leaving her under the care of Dr. James Tyson and Dr. Judson Daland. When I returned I found that she had died, and that an autopsy had been held, and that the specimen now before you had been removed.

I propose to examine this with you to-day. The case, as you will have inferred, proved to be one of malignant disease of the stomach. On examining the stomach, I find a number of ovoid masses. I wet one of these and it presents the appearance of a round-cell sarcoma, but a naked eye is not sufficient to decide this point. It is, however, some form of neoplasm. I may as well say here that you will often be struck, no doubt, with the laxity with which I use the terms sarcoma and carcinoma in my clinical lectures. The truth is, the difference between these growths and their minute subdivisions, as they affect internal organs, is a matter of far greater consequence to you as microscopists and pathologists, than it is to you as physicians. You have a patient in whom the symptoms and the progress of the case show conclusively that some neoplasm has developed in the stomach. The growth is going to kill the patient. The question whether it is an epithelioma, a cylindroma, a carcinoma, or a sarcoma, while of interest in the subsequent microscopical examination, does not alter the prognosis or influence the treatment. I do not use these terms in this manner because I disregard the importance of the study of these minute distinctions between the different forms of tumors; for these distinctions are of extreme importance when we come to consider tumors involving the superficial parts where they are open to digital examination and operative interference. There we have a different history as regards recurrence after operation, as regards the tendency to extend to adjacent parts, and as regards the formation of secondary multiple growths. A consideration of the minute anatomy is of great importance in external tumors, but in the case of neoplasms affecting internal organs, as the liver and stomach, the same importance does not attach to these minute differences, nor are we able to make them. As I have said, there is hypertrophy of the glands lying in the curvature of the stomach. This enlargement of the glands extends downward, involving the glands around the aorta and along the spinal column. On section they all present the same general characteristics. They are greyish yellow, sometimes of a pinkish tinge, fleshy, without much juice on scraping, and evidently the seat of some neoplasm. The stomach itself has undergone remarkable changes. It is exceedingly small, and looks like a contracted, old, diseased, urinary bladder. If filled to its utmost capacity, it would not contain four fluid ounces. The inner surface is discolored and presents a worm-eaten, trabeculated appearance. The walls are thick and rigid. On section they are found to be extensively diseased and the seat of malignant infiltration. There is fusion of the coats of the organ, particularly of the peritoneal, sub-peritoneal and muscular tunics, the mucous coat being less affected than the others. The external and middle tunics are fused into a hard, gristly mass, not less than one-third of an inch in thickness. There is not as much hypertrophy of the muscular layer as we often find, especially in cases where there has been pyloric obstruction. In the present instance the pyloric orifice is not at all obstructed. It is suffi-

ciently large to admit the thumb. As I have said, the mucous membrane is much less involved than the external coats. There is no ulceration of the stomach, and no fungous mass projecting into the organ. This is a remarkable case, and the appearences presented are very unusual.

You see how they account for the symptoms described. There was no pyloric obstruction, and there was, therefore, no vomiting. Vomiting, in cancer of the stomach, occurs most commonly as the result of the attempt of the organ to propel its contents through an obstructed pylorus. This is the reason why the vomiting presents the peculiarities of coming on a certain interval after the ingestion of food, of occurring when the food has reached a certain stage of digestion, and of being followed by complete relief. In other cases of gastric cancer, there is an ulcerated, irritable surface, and the contact of the food against this surface excites vomiting. In such case, the vomiting resembles that which ordinarily occurs in simple gastric ulcer. There was here neither pyloric obstruction nor ulceration of the mucous membrane. Again, I never was able to feel any lumps or hardening in the epigastrium, on the most careful palpation. The stomach was so contracted that it must have been far back and above the margin of the ribs. Towards the very close of the case, Dr. Tyson thought that he could detect a tumor. This is often the case. While during the earlier periods, and on towards the close, no tumor can be felt, yet, when the patient emaciates to the last degree, and you are able to press your fingers against the spinal column, you may then find a tumor; but in some cases where the glands were not much enlarged, I have felt until the day of death, and have been unable to discover any tumor in the epigastrium.

When you come to study closely the diagnosis between cancer of the stomach, simple ulcer of the stomach, and chronic catarrhal inflammation of the stomach, you will find that there may be in all of these, pain, progressive wasting and anæmia, and you turn to the question whether there is vomiting of such character as to indicate mechanical obstruction or ulceration, and whether a careful examination reveals hardening, thickening or a definite tumor, in order to establish the diagnosis. If in the present instance you had depended on these points, the diagnosis would have been simple ulcer, or chronic catarrh. You can easily see, from this specimen, that in a certain proportion of cases you will have to base the diagnosis upon the age of the patient and the steadily progressive, downward course, despite hygiene, dietetic regimen and judicious therapeutics. You do those things which, if it were a case of simple ulcer or of chronic catarrh, would be beneficial, yet you obtain no improvement, or, at the most, but a slight effect. The therapeutic test in connection with the steady march of the case and the age of the patient, will in some cases constitute the sole basis of the diagnosis between malignant disease and simple ulcer and chronic catarrh.—Med. and Surg. Reporter.

THE ARMY.

OFFICIAL LIST OF CHANGES of Stations and Duties of Officers of the Medical Department U. S Army, from Feb'y 8th, 1883, to Feb'y 23rd, 1883.

Brown, Jos. B., Lieutenant Colonel and Surgeon, detailed as member of board for examination of Assistant Surgeons for promotion, and candidates for admission into the Medical Corps U. S. Army, to convene at New York City on March 1st, 1883. (Par. 1, S. O. 35, A. G. O., February 10th, 1883.)

Clements, Bennett A., Major and Surgeon, detailed as member of board for examination of Assistant Surgeons for promotion, and candidates for admission into the Medical Corps U. S. Army, to convene at New York City on March 1st, 1883. (Par. 1, S. O. 35, A. G. O., February 10th, 1883.)

Janeway, John H., Major and Surgeon, detailed as member of board for examination of Assistant Surgeons for promotion, and candidates for admission into the Medical Corps U. S. Army, to convene at New York City on March 1st, 1883. (Par. 1, S. O. 35, A. G. O., February 10th, 1883.)

Town, Francis L., Major and Surgeon, is relieved from duty at Fort Walla Walla, and will report to the commanding officer, Vancouver Barracks, for duty as Post Surgeon. (S. O. J. Dept. of the Columbia, Jan'y 27th, 1883.)

Woodward, J. J., Major and Surgeon, the extension of leave of absence on account of sickness granted Oct. 6, 1882, is further extended six months on account of sickness. (Par. 9, S. O. 34, A. G. O., Feb'y 9th, 1883.)

Cleary, Peter J. A., Captain and Assistant Surgeon, granted leave of absence for four months on account of sickness, to take effect January 3, 1883, in extension of his authorized absence on Certificates of Disability. (Par. 6, S. O. No. 40, A. G. O., February 16, 1883.)

DeLoffu, Augustus A., Captain and Assistant Surgeon, relieved from further duty in this Department. (S. O. 28, Department of the Missouri, February 5, 1883.)

Heizmann, Chas. L., Captain and Assistant Surgeon, to be relieved from duty in the Department of the Columbia. (S. O. 12, Department of Columbia, Feb. 8th, 1883.)

Taylor, B. D. Captain and Assistant Surgeon, granted leave of absence for one month on Surgeon's Certificate of Disability. (Par. 2, S. O. 13, Dept. of Texas, February 1, 1883.)

Taylor, Marcus E., Captain and Assistant Surgeon, so much of S. O. 20, A. G. O., Jan'y 24, 1883, as directs him to report in person to the Commanding General, Dept. of the East, is amended to direct him to report in person to the Commanding Officer, David's Island, New York Harbor, for duty at that station. (Par. 2, S. O. 33, A. G. O., February 8th, 1883.)

Newton, R. C., First Lieutenant and Assistant Surgeon, is relieved from duty at Fort Cummings, N. M., and will proceed to Fort Sill, I. T., and report to the Commanding Officer for duty. (S. O. 28, Dept. of the Missouri, Feb'y 5, 1883.)

The Weekly Medical Review.

Vol. VII. No. 7. CHICAGO AND ST. LOUIS, MARCH 3, 1883. Terms: $3.00 a Year.

The Opponents of Vaccination have, ever since the days of Jenner, sedulously collected all the data which would seem to militate against it. One of their earliest arguments, and one which has still adherents, is that vaccination had a tendency to render existing skin diseases chronic, or of calling them into existence. Dr. Thomas F. Wood calls attention to the fact (Jour. of Cutaneous and Ven. Dis.) that he has observed psoriasis and eczema disappear after vaccination. In two cases, after the subsidence of the vaccine disease, an eruption of psoriasis made its appearance. It is probable that a predilection existed in these two cases, sisters of the one cured by vaccination, and that the eruption was only called into activity somewhat earlier through the disturbing influence of the vaccine. The author makes the reflection that if vaccine disease can supplant such formidable diseases as psoriasis and eczema, we may find in vaccination a remedial as well as a prophylactic agent, but, as he observes, it has the disadvantage of being available only once in a life-time. There are abundant records to show that skin diseases follow vaccination, but their presence is due no more to that than it would be to any other equally disturbing agent, and the advantage of a propbylaxis against small-pox in vast numbers will always outweigh the adventitious occurrence of skin diseases in a few.

Salaam Convulsion or Eclampsia Mutans is an unusual affection, West having observed but one case and devoting but a few lines to it. Dr. Tordeus, of Brussels, has observed several cases, and the latest recorded is by M. H. Gautiez in La France Médicale. The case is that of a child seventeen months old, which had an inveterate eczema of the face, head and trunk, which lasted nine months. Dentition came on and was attended by the peculiar phenomena described. The attack is preceded by a pre-occupied air, lasting a few seconds, a slight paleness, the head is suddenly flexed upon the thorax, and the latter upon the pelvis; the shoulders are slightly elevated and projected forwards, the hands being thrown backwards as if to avoid a fall. These motions are executed with great rapidity, sometimes as high as thirty, generally from eight to ten times.

No convulsive movements are observed and consciousness remains. The respiration is normal, but the heart's action is accelerated. As soon as the attack is over the eyes become suffused with tears, the face expresses surprise, and the child appears relieved and becomes playful.

The flexion varies in intensity, being at times very slight or even absent. The attacks number about eight per day. West considers this as an initiatory stage to epilepsy, stating that it lasts but a few weeks. Gautiez regards it as a distinct affection, and states that it has not changed its character in his case, kept under observation eight months, thus far. All medication has proven fruitless.

Puerperal Eclampsia has always attracted a great deal of attention, from the futile efforts at treatment, and the great mortality attendant upon the affection. In a review of the subject in the Revue Médicale, strong grounds are taken against the administration of drastics, which, while they do good by means of the rapid and abundant diarrhœa they produce, are dangerous from the fact that they aggravate the renal lesions which it is sought to combat. There are two periods in eclampsia, of which the first is the danger-

ous one, during which the patient's condition is aggravated, death often occurring. This stage successfully passed, amelioration is rapid and continuous. The remedies which are recommended are ether—only applicable in large well-ventilated apartments, or such as are suited to the purpose, as in maternities, etc.—chloral, and above all chloroform. How this latter acts has not been demonstrated, but it seems to have a special action in modifying the attack, and the gravity of the convulsion becomes less, as can be verified by observing the temperature.

Tuberculosis.—Anything that will in any way help to extend our knowledge of the pathology of tuberculous processes, both acute and chronic, is most cordially to be welcomed. Even if as enthusiasts we accept the parasitic explanation as defended with such apparent plausibility by Koch, we have much yet to learn concerning it, for example, the channels of infection. We see an acute miliary tuberculosis prove fatal within a few weeks, and are at a loss where to look for the primary infection. We may find tubercle in every prominent organ examined, but not be able to state positively whence it first came. Unless we accept the more recent views concerning its pathology we must be completely at sea.

Prof. Weigert, of Leipzig, has in Virchow's Archiv. (May, 1882), a most elaborate study bearing on this subject. He shows how, in almost every autopsy of such cases, the veins are either casually examined or else entirely ignored, and how many of the phenomena attending an outbreak of acute miliary tuberculosis can be easily and rationally explained when we find — as he has found — a tubercular eruption into the veins or thoracic duct. He has found such formations usually in the pulmonary veins, but even in the suprarenal and thyroid. Such a lesion of the inner wall of a vein has a most important significance. It means not only that tubercle may attack that particular spot; it means that a sudden dissemination of miliary tubercle through the entire body may originate from that little tubercular point, and that such a simultaneous distribution of infectious material can take place only through the circulation. This constitutes true miliary tuberculosis.

Such studies require most careful dissection, such as very few men in this country ever make. In future, no post-mortem record of tuberculous cases can be regarded as complete that does not include the condition of the thoracic duct and the larger vein of the viscera at least. It is well to begin with the duct and the pulmonary veins, and then to examine carefully the veins which run in the neighborhood of any caseous deposit, enlarged gland or scrofulous scar. If, for instance, it be found that a pulmonary vein is in suspicious contact with an enlarged bronchial gland, and that on the inside of that vein or its branches there is a degenerated, thrombus-like mass, with whitish miliary nodules studding the wall, it need not cause surprise if tubercle be found in every organ in the body.

Weigert's examination revealed such tubercular masses growing into the lumen of the splenic, hepatic portal, innominate, jugular and renal veins, and the vena azygos. He recommends also the investigation of the prostatic and spermatic veins. He also calls attention to the difficulties many encounter in finding an ordinary thrombus or embolus, and emphasizes the necessity for most painstaking and patient scrutiny. His own examinations are models in this respect.

The Antiseptic Treatment of fevers and exanthemata was the subject of a paper read by Dr. E. Symes Thompson at a meeting of the Harveian Society of London (British Medical Journal), in which he stated that he had treated cases of small-pox, some of them being of the most virulent kind, with sulphite of soda with very favorable results. He says that the remedy seemed to have the effect of cutting short the different stages of the disease; that maturation began and ended earlier; that the scales were thrown off more quickly and there was less pitting. In scarlatina he uses a linctus of one part of sulphurous acid to seven parts of honey, and finds that it

affords great relief to the throat in the anginose form of the affection. In measles, typhoid fever, diphtheria and erysipelas he employs the sulphite of soda, or sulphurous acid, and with their use the disease rapidly disappears. He finds salicylic acid, combined with potash, soda, or ammonia, very beneficial in catarrh, influenza, and the milder cases of scarlatina, typhoid fever and measles, but in the more serious cases he prefers the sulphites. He mentioned the discovery of Ehland, of Stockholm, of peculiar cellular bodies in the blood and urine of scarlatinal patients, and the confirmation of the discovery by Dr. Octerlong, of this country, and says that if their views are correct the infective material of scarlatina has been discovered.

The Action of Bromide of Potassium, especially in diseases of the heart, has been the subject of an experimental study by Dr. R. Massalongo (Gay. Med. Ital. prov. Venete.) The doctor arrives at the following conclusions: 1. The action of bromide of potassium on the nervous system, on reflex excitability, is due in greater part to the bromine. 2. The effects on the circulation, respiration and temperature are partly due to the potassium. 3. The effects of bromide of potassium does not quite correspond to the sum of the action of both components. 4. Bromide of potassium has properties and effects peculiar to itself. 5. The action on the circulation and respiration are more prompt, constant and durable, obtained by small doses of bromide of potassium, than by the use of other salts of potassium.

The action of bromide of potassium is first on the vaso-motor nerves, and induces in the first place constriction of the capillaries, and from this action the effect on the nervous system and heart, the action of which it moderates and equalizes, is made clear. It decreases the waste of innervation, prevents erethism and excitability of the cerebro-spinal axis, and in this way induces sleep in congested states of the brain. In irritability of the heart, where every peripheral irritation excites the trouble, it acts by reducing this peripheral sensibility and in this way has an advantage over digitalis. It is a tonic for the heart. The dose to begin with for 2—3 days is 30 grs., then 45 grs. for at least 10 days, then a pause of 3 days should be made. If no amelioration is effected, the author then increases the amount to ʒi or ʒiss pro die. To give more than ʒij is unnecessary. Besides its effect in organic diseases of the heart, it also has a favorable effect on angina pectoris.

A Case of Hemiatrophia Facialis Progressiva is reported in the Centralblat f. Nervenheilkunde, Psychiatrie und Gesichtliche Psycho-pathologie, by Prof. Bernhardt.

The author feels justified in publishing this case, as in 40 years not more than 50 cases have become known. A young lady of nineteen years noticed 4 years ago the appearance of brown spots on the forehead and left cheek. A few months afterward the first traces of a depression appeared in the place of the discoloration. At present a band of depression three-quarters of an inch broad, beginning at the left eye-brow, extends outward and upward beyond the coronary suture, increasing in breadth, and the upper end is covered with sparsely growing hair. Above and below this band are depressed spots numbering five in all. The skin is not discolored, but thin and closely attached to the subcutaneous tissue. All other parts are normal. There is no hereditary predisposition. During the last few months the affection does not seem to have increased. Whether the electrical treatment (Galvanisation of head and sympathetic with mild Faradisation of muscles of left side of face) had anything to do with this result the author does not wish either to assert or deny. The patient's general state of health is very good.

Drunkenness is a Disease, in Dr. Everts' opinion, presenting a definite and quite uniform set of symptoms. As a disease, however, he holds it to be self-limited and to need for its cure only a withholding of the exciting cause, in order that the recuperative force may restore the body to a normal condition.

FERROCYANIC PELLETS, made of sodic ferrocyanide and citric acid, are recommended by Dr. F. W. Pavy (British Medical Journal) as a clinical test for albumen. The advantages they possess are that they are very soluble, are always ready for use, simply requiring to be crushed, which can readily be done with a coin from one's pocket, and requiring no heat. The test he says is so delicate that even when there is only a small amount of albumen present it is easily recognized. After crushing, the powder is put into a test-tube and the urine poured in to the height of about an inch, which will be all that is required. Phosphates, he says, do not interfere with the reaction, but if lithates are present, giving the urine a cloudy appearance, it must first be warmed. They can also be used after the manner of the nitric acid test, by first dissolving the pellet in a little water and then allowing the urine to trickle down the side of the tube until a quantity about a half an inch in height has been introduced, when the albumen will be more clearly shown than with the nitric acid.

THE OPERATION OF OVARIOTOMY is unusual in advanced life. Mr. A. C. Butler Smythe gives an account of a case in the London Lancet in a patient aged sixty-one. Twelve months before presenting herself for treatment she had noticed that she was gradually increasing in size, and for the last six months she had rapidly lost flesh, had painful micturition and a sense of pressure over the bladder, with bearing down pains. She had the peculiar expression of countenance termed by Mr. Spencer Wells "facies ovariana." The diagnosis of multilocular tumor, chiefly fluid, of the right ovary was readily made, and the operation was performed without delay. Chloroform was used, but as the patient vomited several times and became pulseless it was abandoned, and ether substituted. Aside from this the operation was carried on according to the rules of Mr. Spencer Wells, and a good recovery followed.

THE PRURITUS OF ECZEMA is best relieved by the application of hot water.

PURULENT OPHTHALMIA is treated with boroglyceride by Mr. Gustavus Hartridge (London Lancet) at the Central Ophthalmic Hospital, with very encouraging results. His manner of using it is to evert the lids, and after cleansing them of all secretions with cotton wool, to brush the membrane over with a solution of the drug of one in ten, being careful that it gets well under the upper lid. This is done every day, and in the meantime the eye is to be bathed and cleansed with a one in forty solution every hour. No other treatment is employed, and the eye is usually well in from eight to ten days. When only one eye is involved, after the lids are brushed a piece of lint is soaked in a solution of one in twenty and applied, and covered with cotton wool, and the eye is then bandaged, thus preventing the sound eye from becoming implicated. The boroglyceride is very soluble in hot or cold water, has no odor nor taste, and is not irritating, and when dropped into the eye in the strength of one in two produces little or no smarting sensation.

SPASMODIC CONTRACTION of the sphincter ani muscle may occasion the most intense suffering. C. H. Von Klein reports in the Cincinnati Lancet and Clinic a case in which a retired farmer, sixty-eight years of age, had suffered for a year with an intense pain in the rectum, coming on daily about 9 a. m., lasting not far from two hours, and after a half-hour's respite returning for fifteen or twenty minutes with diminished severity. There was urinary disorder, enlarged prostate, hemorrhoid, and fissure of the anus. Removal of the hemorrhoids gave no relief, but all severe pain disappeared after the division of the sphincter ani. The patient died a few days later, and the post-mortem examination revealed almost complete degeneration of the urinary organs of a cancerous nature.

AT THE CLOSE of Dr. Morrell Mackenzie's lecture at Bellevue College, during his recent visit in New York, one of the students from "out West" remarked to this neighbor: "That feller talks our language very well for a foreigner."

A Case of Interstitial Tubo-Gestation is described by Dr. Henry Habgood (British Medical Journal) in a woman, aged thirty-five, who died with all the symptoms of internal hæmorrhage, in the eleventh week of pregnancy. "At the necropsy, there were about five pints of clotted blood in the pelvic and abdominal cavities. On turning this out, the source of the hæmorrhage proved to be a sac, formed by the uterine portion of the left Fallopian tube and the wall of the uterus, which had grown outwardly to about the size of a walnut, and then ruptured anteriorly. Chorion villi were distinctly visable in the sac. The opening of the tube into the sac had become obliterated. There was evidence of a previous partial rupture, in the shape of a small hæmatocele, on the posterior aspect of the sac. The fœtus had escaped into the abdominal cavity, and was unfortunately lost. The left ovary was closely attached to the left side of the uterus by old bands of lymph, and contained several cysts. The right ovary was normal, and contained a corpus luteum. The uterus was enlarged, and its lining membrane was red and thickened, forming a distinct decidua, that could be easily detached. The bladder was healthy, but contained no urine. The abdominal organs were healthy, but very anæmic.

"With regard to the cause of the arrest of the ovum in that particular spot, I may remark that nothing existed in the Fallopian tube or uterus, in the shape of polypus or fibroid, to cause obstruction, but that there were plenty of adhesions on the left side, matting the uterus, Fallopian tube and ovary together, altering their relative positions, and, possibly, causing obstruction. Yet the presence of a corpus luteum in the right ovary, coupled with the cystic condition of the left, would point to the theory of transmigration of the ovum as being the most probable explanation of the phenomenon."

A Midwife was tried at the Leeds Assizes (London Lancet) for carrying on her business while having a syphilitic sore upon her finger, and thus inoculated several of the women upon whom she attended. She had consulted a physician about the sore, who informed her of its character and cautioned her against pursuing her calling while it was in that condition. Without waiting, however, until the finger was healed, she covered it with a leather glove-finger and went on with her business, giving various excuses when questioned as to the reason why she kept the finger covered. Two of the women appeared as witnesses against her, and an infant whose navel she had dressed was produced, showing that a large indurated sore of the navel had existed, and that it had had secondary symptoms. There were five counts in the indictment, and the judge asked the jury to find her guilty on all, which they did, and she was sentenced to one year's imprisonment at hard labor.

Antiseptic Naphthalin.—The columns of the Review have already contained an article on the new antiseptic Naphthalin. As one point in its favor is that by its use all danger of carbolic acid poisoning from the ordinary phenol dressings is abolished, and as crude naphthalin may contain some crude carbolic acid as an impurity, it is worth while to know how to detect the same. Such a quality of naphthalin has a rosy tint. When this is noticed, a little of it should be boiled in water made very slightly alkaline with caustic soda. After filtering the water and slightly acidulating it, it will, on the addition of bromine, cause either opalescence or a milky precipitate, according to the amount present.—(Glasgow Med. Jour.)

Ovariotomy was performed by Mr. Page (London Lancet) on a woman aged fifty-six, who had an uninterrupted recovery. The only interesting point about the case was the unusual fatness of the patient. She measured fifty-one inches in circumference at the umbilicus, and when the walls of the abdomen were incised the fat was found to be two inches thick. Such a condition is rare in ovarian disease.

Hypodermic Injections of ice water are said to calm neuralgic pains.

As Another Instance of the devious and uncertain paths which bullets will take we cite the following case, reported last year by Fauvel, in the Review of Military Medicine and Surgery. In the battle of Actenay, in 1870, a soldier received a bullet wound of the left malar bone and lower lid. In the course of a fortnight there was great difficulty in swallowing, and although no lesion could be discovered in the pharynx or palate, little splinters of bone were at times spit up. During the next two years the patient was in comfortable health; then he began to suffer from migraine and great pain during deglutition. He expectorated purulent masses, and complained of sensation as if of some foreign body in the region of the larynx. Finally there was total aphonia. Laryngoscopical examination revealed a mass filling up the left half of the laryngeal cavity, which presented the appearance of a melanotic carcinoma. Growing harder, it was then held to be a melanotic osteoma, upon which it was decided to operate. The evening before the day set for operating the man had a violent suffocative attack, and coughed up an irregular mass that was found to contain a Prussian bullet. Recovery followed.

Antiseptic Treatment of Phlebitis.—In the Bulletin of the Surgical Society of Paris, Demons has a noteworthy contribution on this subject. A middle aged man opened his own median basilic and cephalic veins at the elbow. A hospital interne ligated the cut ends with catgut, and applied an insufficient Lister dressing. On the second day there was fever, followed by a chill, and a generally unhealthy appearance of the wounds; the arm was much swollen and the patient complained of great distress. Demons diagnosed suppurative phlebitis and incipient pyæmia. He accordingly made a long incision, but found no pus. He then dissected the ends of the veins free, opened them with scissors, hemorrhage being checked by compression, and found their inner walls thickened and beginning to suppurate, the lumen filled with thrombi. These he carefully removed, and irrigated the whole with a 12 per cent solution of zinc chloride.

Ligature of the upper venous ends was necessary. Lister dressing was carefully reapplied. Improvement was immediate, and in spite of an intercurrent pneumonia the patient recovered.

An Accident which must fortunately be extremely rare is detailed, at length by Maunoury in Le Progrés. Méd. (1882, No. 16). An old man while running fell, and by indirect force broke the right clavicle. In half an hour there was extensive swelling, involving the region of the shoulder and breast, and extending as high as the ear. No pulsation, but a slight blowing sound heard on auscultation. Right arm paralyzed. Veins of the arm hard and swollen.

At the operation on the following day there followed, after incision of the fascia, an enormous gush of dark, venous blood. The finger which had been making compression of the vein having been removed—for cause not stated—there resulted a speedy death from entrance of air through the injured subclavian vein. On section, the artery and nerves were found intact.

The Trustees and Medical Board of the Michael Reese Hospital, are just completing arrangements to open a completely equipped dispensary in connection with the hospital, which shall be open to the deserving poor. The following is the arrangement of the departments:

Medical.—Drs. Mannheimer and Lackner.
Surgical.—Dr. Roswell Park.
Gynæcological.—Dr. H. Banga.
Eye and Ear.—Drs. Gradle and Bettman.
Dermatological.—Dr. J. Nevins Hyde.

Blenorrhagic Orchitis is treated by Dr. Rocha by simply requiring the patient to maintain a recumbent position, support the testicles upon a cushion, and apply to them with gentle friction a few drops of Sydenham's laudanum every two or three hours (Riv. Ital. de Terap). The same treatment he uses in traumatic orchitis.

Operations for Cancer of the Breast.—From 1874 to 1878, in Volkmann's clinic, one hundred and thirty-one cases of cancer of the breast were operated on. (Archiv f. klin. Chirurgie, 1882, Hft. 4.) One hundred and twelve of these women were married; eight had never borne children. Of these, twenty-one had had mastitis once, and four had suffered more than once, and four had had double mastitis. The reporter, Sprengel, holds that puerperal mastitis is frequently a predisposing cause of cancer. Nineteen cases had received more than one injury of the breast, and twenty-five had been injured once; these statements must however, be accepted with reserve. In only thirteen could a positive hereditary influence be traced. Fifty-six times the right breast was involved; seventy-five times the left. Cancers developing immediately after lactation ran the most malignant course.

Congenital Absence of the Kidney.—Dr. Turbin, of Tiflis, has reported (Deutsche Med. Zeit.) a case of congenital absence of the left kidney, the ureter of the same side being also lacking. He has gathered eight similar cases from literature. That this may especially concern the surgeon is shown by a recent case from Czerny's clinic. That surgeon found it advisable to extirpate a kidney for disease, the operation being performed with his customary dexterity and skill. On the death of the patient some thirty-six hours later, it was first made known that the patient had had but one kidney, and that it had been removed. Such cases, however, must be very rare. We are not aware that this one has been yet reported. Reference to a somewhat similar one was made in the Review for February 17—a case reported by Dr. Polk, of New York.

Hernia of the Ovary.—In the Gaz. Méd. de Strassbourg (1881, No. 9) Lentz has reported an interesting inguinal hernia of the ovary in a girl of six years. When she was but three months old a swelling was noticed in the inguinal region, which was easily replaced, while no truss was applied. A fortnight before the operation the tumor reappeared, was no longer reducible, and was accompanied by inflammation. The indication for immediate operation was the vomiting. After opening the hernial sac the ovary presented with a portion of the tube 1.5 ctm. long. Since reduction was even then impossible, the ovary and part of the tube were removed. Recovery soon followed.

Laparotomy has been recently and successfully performed by Prof. Léon LeFort for intestinal obstruction (Med. Record, Feb. 24). The patient, a young man, had suffered from a sub-acute peritonitis in 1879. From that time on he suffered from obscure abdominal pains. In May, 1882, symptoms of obstruction set in, and when the operation was performed the patient was almost moribund. The incision was made from umbilicus to pubis, and after considerable exploration a ring-like band was found constricting the small intestine close to cæcum. The band was several times cut, the intestine thus released, and the abdomen closed up. Copious fœtid evacuations followed, and in spite of the unruliness of the patient he recovered. The *usual* antiseptics were not employed, but dressings of camphorated alcohol instead.

Langenbuch, of Berlin, has devised a method of extirpating the gall-bladder, which has the great merit of having succeeded. He makes an incision parallel with the lower border of the liver, and joins it with another along the outer border of the abdominal rectus. After opening the abdomen, the transverse colon and small intestines are pushed down by a sponge and the liver elevated. The gall-bladder is then dissected off, the cystic duct laid free and ligated twice with silk. Great caution should be taken not to injure the liver.

A case of cystic calculi, in which he resorted to this method with success, improved wonderfully in general health after it.—(Berliner Klin. Wochschft., Nov. 27, 1882).

The Therapeutic Value of Sulphurous Acid in Scarlatina Maligna is upheld by Dr. Keith Norman MacDonald (British Medical Journal), who, after denying the prevalent opinion, that no reliance can be placed on any drug in cases of scarlatina, does not hesitate in affirming that, when properly applied, both locally and internally, sulphurous acid is by far the most efficacious remedy we possess. He continues: "I have had several opportunities of testing its efficacy in some of the worst cases I have ever seen, during the epidemic which has been rife in this town (Cupar Fife) for the last two months, and I am bound to say that, of all remedial measures in this disease, it is, in my opinion, the most reliable. My treatment is as follows: The moment the throat begins to become affected, I administer to a child, say of about six years of age, ten minims of the sulphurous acid, with a small quantity of glycerine in water, every two hours, and I direct the sulphurous acid spray to be applied every three hours to the fauces for a few minutes at a time, by using the pure acid, in severe cases, or equal parts of the acid and water, according to the severity of the case. Sulphur should also be burned in the sick chamber half a dozen times a day, by placing flour of sulphur upon a red hot cinder, and diffusing the sulphurous acid vapor through the room, until the atmosphere begins to become unpleasant to breathe.

"In the worst cases, where medicine cannot be swallowed, this and the spray must be entirely relied upon; and the dark shades which collect upon the teeth and lips should be frequently laved with a solution of the liquor potass permanganatis of the strength of about one drachm to six ounces of water, some of which should be swallowed if possible.

"In cases presenting a diphtheritic character, the tincture of per-chloride of iron should be administered in rather large doses in a separate mixture with chlorate of potash, and equal parts of the same with glycerine should be applied locally, with a camel's hair brush several times in the day; but, as in the majority of cases among children, it is next to impossible to use a local application more than once; the spray and permangate solution will then prove of great service.

"As to other remedies recommended by various authors, ammonia is nasty, and cannot be taken well by children; carbolic acid has the same fault, and cannot be applied properly. Gargles are also useless in children, because they seldom reach the diseased surfaces, and warm baths and wet sheet packing are dangerous, because they are never carried out properly in private practice. The hypodermic injection of pilocarpine is a remedy that may give good results hereafter, but I have had no experience of its use."

Extirpation of the Larynx has been performed four times within one year by Prof. Thiersch, of Leipzig, as follows:

Man, aged thirty-six, laryngotomy and partial extirpation, Feb. 3, 1880; total extirpation, Feb. 26, 1880. No return of carcinoma after 18 months.

Man, aged fifty-two. Extirpation, April 15, 1880. Carcinoma. Relief lasting seventeen months.

Woman, aged forty-five. Extirpation of pharynx and larynx, Nov. 10, 1880. Fatal relapse of carcinoma in six months.

Woman, aged forty-five. Carcinoma of pharnx and larynx. Total extirpation, Jan. 17, 1881. Death in one week from secondary pneumouia.

Thiersch always does a preliminary tracheotomy; otherwise he follows Billroth, Czerny and Gussenbauer.

Powdered Capsicum as a remedy in subacute and chronic rheumatism has been recommended by Mr. A. Drummond MacDonald in the British Medical Journal. Two drachms to the ounce of lard, to which one of the essential oils may be added to make it more elegant, is the proportion mentioned. It is to be thoroughly rubbed over the affected part by a gloved hand for ten minutes at a time night and morning, or at bed time only, according to the effect produced. Dry heat applied afterwards intensifies its effect, which lasts for some time.

A Disease which has remained hitherto undescribed must be an exceedingly rare one. Such is the *Mal del Pinto*, (British Medical Journal, November 4, 1882) a skin disease prevalent in Central America and Southern Mexico, and described in a medical journal published in Mexico by Dr. Iryz. It is characterized by abnormal pigmentation, pruritus, desquamation and a peculiar odor. The pigment may be of different colors. The general health is not affected. Its course is chronic. Diagnosis is usually not difficult, though one form may simulate Addison's disease. It is not dangerous to life; its worst subjective feature is intense itching, particularly at night. Left to itself it spreads over the whole body, and the pigmentation is then permanent. It is all but incurable.

Spontaneous Dislocation of the Humerus.—In an inaugural dissertation, F. Schmidt, of Breslau, has collected twenty-two cases, from current literature, of spontaneous dislocation of the head of the humerus, during epileptic or other convulsive seizures. To these he adds seven cases not before reported and mostly from the Breslau clinic. The following is an illustrative one: An apparently healthy man was seized in bed with an epileptic attack, the seizure being so violent that he had to be held firmly to prevent injury to himself; the right arm, however, appeared helpless. When the patient recovered consciousness this arm was powerless. After fifteen hours he was seen by Prof. Richter, who diagnosed a downward and backward dislocation, and reduced it without trouble.

Italian Surgeons have not very eagerly adopted Battey's operation. Four times has the operation been performed in Italy. The first one was performed by Dr. Cristoforis and terminated fatally. Dr. Franzolini made the second successfully. The other two were made by Dr. Dominique Peruzzi with good result. The operations were all made for the radical cure of hystero-epilepsy.

The Electric Light in Surgery. Mr. Payne has made some ingenious applications of the electric light, with an arrangement of his own device, described in a recent number of the British Medical Journal. Having a patient with hydatid disease of the liver, which had been laid freely open, he fitted up a small Swan incandescent light inside of a tube, and passed it through the abdominal incision into the abscess cavity in the liver. He noted the grayish red color of the wall of the cavity, studded with flakes of pus, and saw also a continuous oozing of fluid.

While this is probably the first time an abscess cavity in the liver has been illuminated for examination, the instrument does not compare in ingenuity with those constructed by Leiter, of Vienna, for the examination of the bladder and stomach.

Varicose Ulcers are thought by Quinn to (Paris Journal de Med., December 22) be due to something more than a mere varicose condition of the viens, else they would always appear together. The occurrence of the former has been explained as the result of a neuritis. This theory he endeavors to confirm, and claims that the varicose enlargement of the veinales causes a phlebitis, and that the neuritis is the result of a propagated inflammation to the nerve sheaths. The ulceration is then the effect of a trophic change resulting from a pathological condition of the nerve.

The Treatment of Scarlatina with remedies believed to have the power of destroying animal and vegetable organisms, is a plan that has been pursued with great differences of opinion as to the advantages derived. The benzoate of ammonia said to be a germicide, is used by Mr. A. Drummond MacDonald (British Medical Journal) with happy effect, both in the milder and anginose forms of the disease. He gives it in doses of fifteen grains every three or four hours to adults, and proportionately to children, either alone or in combination with liquor ammonia acetatis.

The Infection of Phthisis Pulmonalis is a question which is at present engaging the attention of the profession, and the observations which have been made seem to give some ground for the belief that it may possess that character. As bearing on this point, Dr. F. J. B. Quinlan relates a case in the British Medical Journal of a woman whose husband had died of rapid consumption, and who during the last two months of his illness had had cough, and shortly afterwards began to spit blood. There has been a steady loss of flesh and night sweats; there is dullness over the apex of the left lung, with soft crepitation on inspiration and expiration. She has the charteristic sputum, which shows the presence of tubercular bacilli. Careful inquiry fails to show any phthisical history in her family. Her father and mother are still living, the former hale and strong and over seventy years of age, and the latter a healthy and vigorous woman fifty-five years old. None of her brothers or sisters ever showed any symptoms of the disease. To determine the question as to whether there are bacilli in her breath, she is now wearing a respirator charged with gun cotton, which after a sufficient length of time will be examined and the results made known.

Echinococcus Cysts.—In the Gazette Medica Italiana, Dr. Borgherini reports at length three cases of echinococcus cysts, which he cured by withdrawing from two to eight ctgr. of fluid with a hypodermic syringe. Very slight febrile reaction followed each tapping. In a fourth case the procedure benefitted but did not cure, and complete aspiration was necessary. The good results were not apparent till from one to two weeks after the tapping. He thinks the altered tension caused by the withdrawal of a small amount of fluid, and consequent disturbance of osmosis, by which the parasite obtains its nourishment, were the chief factors in the cases.

The Occurrence of Fat-Embolism after injury to the medullary tissue of bones is now beyond dispute. The possibility of its happening during the ordinary course of disease is still open to doubt. In the Bermingham Med. Review (June, 1882), Dr. Rickards details a case of diabetes with milky blood, the sufferer having also sustained an injury in which the microscopic features differed from those ordinarily seen. The fat globules apparently occupied the vessels, but did not distend and clog them as usual. They may, however, have been of post mortem origin. This report, then, while of interest, leaves the matter of spontaneous fat-embolism in the course of diabetes with milky blood still unsettled.

Abdominal Section was made in two hundred and eight cases by Mr. Lawson Tait during the fifteen months preceding January 1, 1883 (British Medical Journal). The mortality was $7\frac{1}{7}$ per cent against $8\frac{1}{2}$ per cent of his preceding series of cases. Of cystic tumors of the ovary and parovarium there were seventy-six cases, with a mortality of $3\frac{1}{6}$ per cent. In the former series the mortality in this class of cases was $3\frac{1}{4\,9}$ per cent. He claims that the result of his whole experience shows that in the hands of an experienced operator the operation of removing ovarian tumors ought not to have a mortality exceeding five or six per cent, and further, that if such tumors were never tapped, but removed as soon as detected, the mortality would be almost nothing. Besides the seventy-six cases already mentioned there were thirty-six others.

The Pains of Cancer of the uterus, which resist morphine, are said by M. H. Mollière (Lyon Médicale) to be materially assuaged by the internal administration of five to six grammes (about seventy-five to ninety grains) of the salicylate of soda, and he asserts that there are no inconveniences attending this remedy.

Chlorate of Potassium in fine powder has yielded excellent results when dusted on to the surface of ulcers and ulcerating epitheliomata. The surface should be cleansed and the powder dusted thickly on, and twice a day. It relieves pain and promotes healing by changing the character of the morbid processes.

CONTRIBUTIONS.

"*HYPERTONIA BULBI.*"

BY EDWARD BOECKMANN, M.D., BERGEN, NORWAY.

[CONCLUDED].

I shall now call your attention to that form of hypertonia which is a result of intrabulbar causes. Within the eyeball, a certain quantity of nourishing fluid is constantly circulating with an equal flow to and from the globe, and it is upon the equalized balance of this flow that the normal tension of the eyeball depends. If this balance is disturbed, either by the supply being increased (the amount escaping being unchanged), or the escape being limited while the supply is unchanged, then the intrabulbar contents are augmented, the pressure increased and the eyeball is hypertonic, the degree of hardness depending upon the before mentioned physical condition of the capsule.

There are a number of pathological conditions which interfere with the osmatic and filtratonic processes, upon which the equal balance of the intrabulbar fluid depends. Let me first call your attention to those diseases of the cornea complicated with the formation of pus in the anterior camera, the so-named *hypopyum-keratitis*. In these affections, with the increased formation of pus, there is without exception a corresponding hypertonia of the globe, which however in the later stages, when the keratitis has become more extensive, gives way to the opposite condition, viz: hypotonia, probably caused by pathological changes in the tunica discementia, the perfect integrity of which Leber has shown to be necessary to prevent the filtration of the aqueous humor in physiological states. In these pathological conditions the aqueous humor probably escapes through the ulcer, the anterior chamber becomes more shallow and the eyeball soft. The natural escape for the aqueous humor is certainly for the greatest part through the iris-angle, through the trabeculum of the ligamentum pectinatum or what is now named "Fantona spaces". Should hypopum occur in the anterior chamber, and the exudation by its greater specific gravity sink into the iris-angle and obstruct the openings and limit the filtration, then hypertonia is the inevitable result. The escape of the interocular fluids is limited, while the supply may remain the same. And the degree of the hypertonia will depend upon the amount of interference to the filtration and upon the elasticity of the capsule. It is very important to bear in mind the existence of this hypertonia, which is often quite marked, especially in old individuals, where the tension often becomes + ·2 (owing to the comparative inelasticity of the capsule). The hypertonia in this stage of the disease is the cause of the radiating neuralgic pains, which occasion so much suffering, and which subdue as soon as the tension is rendered normal or even (—) minus. Upon the corneal inflammation this hypertonia must have a very unfavorable influence, and it is *undoubtedly* the principal deciding factor, in the well-known inclination this process has to become serpiginous, and to destroy the anterior optical medium of the eye, because of great interference with the nourishment of the cornea. But this is not all, an hypopyum-keratitis or, as it is generally called, ulcus serpens, may terminate with a partially clear cornea, especially in front of the pupil, the iris may or may not be adherent to the corneal cicatrix. In fact, to all external appearances nothing exists to prevent vision, but it is not at all rare in such an eye to find the power of vision gone, while *an excavated papilla* bears witness to the fact that hypertonia of long duration, of any degree, is not dangerous for a diseased cornea only. Since the knowledge has dawned upon me of the condition of tension in ulcus serpens, I have followed quite a different line of treatment from what I learned from my books, and in each case I am now in no doubt as to how I shall proceed. A patient consults me for a recent ulcus serpens—not extensive, and without a great amount of hypopyum, the pains not severe and the tension not different much from the sound eye. I use massage, order warm applications, and eserine, always carefully examining for dacryocystitis which is so often present. I make use of massage, because this presses the fluids from the eye, and thereby lessens the hypertonia. I make use of the warm compresses, because they relax the tissues and facilitate the circulation of the nourishing fluids. I make use of eserine on account of its known properties in reducing intrabulbar pressure—how it does so is a question. I prefer this explanation (and it is according to my clinical observations), viz; that by contraction of the sphincter pupilla and relaxation of the plain muscular fibers the iris is drawn away from the iris-angle. The channels of escape are less obstructed and the filtration goes on more readily. Eserine has in my hands, in these cases, proven itself an excellent remedy. The infiltration in the cornea diminishes rapidly, the pains cease, the hypopyum is reabsorbed and a slight obscuration often not visible to the naked eye is the only result. Atropine under the same circumstances has *always* an unfavorable influence; it may however, be employed when the tension is normal, but (and this I wish to strongly emphasize) never in hypertonic states. Atropine increases the already augmented tension, the pains increase also, the ulcer grows rapidly, and in many cases the eye is destroyed, unless some means is employed to reduce the hypertonia. There is, with the excellence of eserine, an inconvenience which should be borne in mind, viz:

its tendency to produce posterior synechia, during iritic irritation, and usually there is some slight iritis corresponding to the inflamed place on the cornea. But by skillful use of the eserine this inconvenience does not weigh heavily against it. After having used eserine for a few days you must examine the state of the iris, and this you do by employing atropine, without regard to the condition of the tension. If the tension is already decreased and no synechia exist, you can continue the use of atropine, which is much more agreeeable for the patient than eserine, because the latter causes painful spasm of the accommodation.

If by the use of eserine the tension is not reduced and the ball remains hypertonical, and by a drop of atropine you find no synechia, you can easily neutralize the effect of the atropine by more frequent use of the eserine. Finally, if the eye is hypertonic and the iris is adherent to the capsule of the lense, you should continue the use of atropine, which will now be of advantage. Theoretically, the atropine will exert a very different influence now than it does in those cases where the iris is free from synechia, and I wish to give an example that practically supports this. Some years ago I was consulted by a young girl, who had *leucoma ahasreus, ectaticum cornea* with pupilary edge nearly entirely grown to the cornea. The eye was hypertonic. T. = + 1. What was to be done? The use of eserine was recently introduced, and it was praised for its hypotonical qualities. Should I use it in this case, where the corneal leucoma was pushed forward from the augmented pressure within the globe, what would happen? The eserine could not contract the pupil, which was firmly adherent to the cornea; and if it paralyzed the sympatheticus, we can readily understand that relaxing of the plain muscular fibers could in no way favor the filtration through Fontana's spaces. I used the eserine and found the result to be just what I had expected; It had no effect upon the ectasia nor the hypertonia. If now, instead of eserine, I should use atropine, what would be the result? Atropine increases the augmented intrabulbar pressure, certainly only in this way, by paralyzing the oculomotoris and irritation of the sympatheticus, and causing the iris in this way to be drawn back toward the spaces for filtration; these are thereby made smaller and the escape through them diminished.

But in the above mentioned case there was no oculomotoris. I mean no sphincter to paralysis, it was nearly entirely bound in the cicatrix. On the other hand there were still sympathetic innervated muscular fibers to be irritated and to contract. Under these circumstances it was evident to me, that if my theory was correct, the atropine would favor filtration, because we have here a contracting membrane with two fixed points of insertion, one of these being close to the point from which we desire to bring it away. I stopped the eserine and began with atropine, and in a few days I found unmistakable evidences of diminished tension, as well as some amelioration of the ectasia. But I could not continue for ever to use atropine, and I would expect the hypertonia and etcasia to return as soon as I discontinued. After having experimented with the eserine and atropine until I satisfied myself of the correctness of my observation, I then performed iridectomy, which reduced the tension, relieved somewhat the ectasia and restored a reasonable amount of vision.

After this digression I will return to the treatment of *ulcus serpens*. If by the long continued use of eserine you should get (in spite of your care) posterior Synechia which are unaffected by the use of atropin, or even as it once happened to me, complete occlusion of the pupil, this is by no means the worst thing that could happen, because it can be remedied by an irideotomy. Of the two evils, I prefer posterior synechia, or occlusion of the pupil, to extensive obscuration of the cornea. Although eserine has proven itself to be certainly a most excellent remedy in my hands for diminishing increased tension of the eye ball; yet, one must not demand too much from this as an hypotonical remedy. In the higher grades of hypertonia it will certainly be found insufficient, but notwithstanding this, you should always begin your treatment by the frequent instillations of eserine, together with the warm compresses and massage. If the process in the cornea, in spite of this treatment, increases, and if there is, as is nearly always the case, considerable hypertonia and severe pain, then we should employ one or the other of the operations for producing more rapid hypertonic conditions, either paracentenis, iridectomy, or the Sæmeish operation. Of these, the latter is much to be preferred. This operation, which has rightly been celebrated in ophthalmic surgery, will immediatedly, in most cases at least, check the corneal disease. The hypopyum escapes with the aqueous humor, and the eye ball is at once reduced from a high degree of increased tension to one of very low.

The favorable effect of keratotomy strikingly illustrates the importance of the symptom of hypertonia in its relation to the prognosis and treatment of this corneal affection. I do not believe the operation has any other virtue than that of reducing the tension. If the wound shows a tendency to heal too rapidly, or if the hypertonia returns, and the ulcus serpens increases, you must reopen the wound every day, in order that the tension may be kept low, and the pus allowed to escape.

The use of atropin and eserine now, although of less importance, is not, however, a matter of indifference. If the corneal affection is central, you

should use atropin, if peripheral, eserine, to prevent the prolapses of the iris. Again, if the corneal trouble increases, notwithstanding the fact that the tension is normal, or even minus, keratotomy is not only not beneficial, but injurious—because it is not the hypertonia that is the cause of the serpiginosity of the corneal ulcer, and a wound of this membrane will only afford greater opportunity for infiltration and consequent destruction. It is clearly now the pernicious quality of the ulcer itself, and in these cases I make use of the actual cautery.

When this disease terminates with perforation of the cornea, with prolapsus of iris, and at last results in total adherent leucomæ, with all communication between the anterior and posterior portions of the eye shut off, and this is not in due time corrected or relieved by an iridectomy, this eye will be gradually but certainly destroyed by a constant increasing hypertonia, which, after awhile, causes excavation of the papila and atrophy of the nervous fibres, or bulging of the corneal cicatrix, if this is less resistent than the optic nerve.

I shall now discuss that hypertonia, which is a symptom of disease of the *iris*, *ciliary body*, and sequlua of these diseases. While uncomplicated *iritis* does not cause any alteration in the tension of the eye ball, *cyclitis* and *iridocyclitis* cause an increase of tension in the first stages of these diseases, perhaps due to an hypersecretion within the eye-ball, an increased supply without a corresponding increase in the escape of intra-bulbar fiuid. If it was due to other causes the hypertonia would certainly reach higher degrees than is usual in these diseases; the tension seldom exceeds $+\frac{1}{2}$ or $+1$.

It is often very difficult to definitely ascertain the degree of tension in these cases, because of the tenderness of the eye ball. The hypertonia in cyclitis is the cause of the radiating pains which occasion so much suffering. When the tension is rendered normal, or what is better—minus, the pains cease, and only the characteristic sensitiveness to touch remains.

Leeches under these conditions are a very good antitonic remedy, and the diminution after their application is often quite remarkable. I prefer to place them just below the external end of the eye brow. The patient will pass a comfortable night and the disease change for the better. Besides the leeches, I use ice, in order to diminish the transudation within the eye ball. In regard to atropin, it is a matter of experience that in the first periods of cyclitis it is usually of no use. If you observe carefully, you will always find that it does no good as long as the eye ball is hypertonic, but you can use it with advantage as soon as the tension is normal. The good results hoped for from paralysis of the inflamed organ is overbalanced by the existing and the additional hypertonia caused by the atropin. The difficulty in producing mydriasis in the first stages of cyclitis is well known to all, as well as the fact that after leeches have been used, diliation of the pupil is much more easily accomplished, that is to say, it is difficult to dilate the pupil in an hypertonic eye, but easy in an hypotonic one. In syphilitic cyclitis, hypertonia being usually of longer duration. I have frequently with advantage used eserine for a few days, being careful not to risk too much of an opportunity for posterior synechia to form. If the iritic trouble terminates with what is known as complete occlusio pupilla, the conditions are the same as in complete leucoma adherens, there is no longer any communication between the anterior and posterior chambers of the eye, and the faculty of vision yet remaining in the eye will be destroyed through hypertonia and excavation of the disc, unless iridectomy is performed in good season. Peculiar among diseases of the iris, is the so-called *iritis serosa*. It resembles the glaucomatic diseases, the iritic symptoms are the least prominent, while the hypertonic are most marked. Recently I had a typical case of this kind. An iritis serosa which developed rapidly, with great severity and considerable hypertonia, T=+2, following an injury received four weeks before by the other eye, it was, therefore, a case of sympathetic inflammation—at the end of eight days the sight was — quantitive. I saw the child first in this condition; I immediately enucleated the injured eye, made frequent use of eserine and massage upon the sympathizing one, and at the expiration of fourteen days the child was discharged with good sight, with only two or three synechia, which I expected would be broken by the use of atropin. If the child had not been so young, its age was about 4 years, I should have reinforced my antitonic treatment with hypodermical injections of pilocarpin, a remedy believed to have great virtue as a resorbent, and hence of great use in chronic iridochoroiditis and iritis. If I had not used antitonic treatment in this case, I doubt very much whether the sight could have been saved.

In the pathology of the *Lense System*, hypertonia is not without signification. It is never a symptom of the ordinary cataract, even in its most swollen condition. You may often find increased tension with cataract, but not because the patient is suffering from cataract, but because he is suffering from glaucoma. In *traumatic* cataract, where the capsule is ruptured and the lense substance escapes into the anterior chamber, we may then have hypertonia of a certain degree. By the operation known as discission, we intentionally produce this result. The aqueous humor imbibes the lense substance, which becomes swollen at first, floats into the anterior chambers, is finally dissolved and passes off through

the natural channels of escape. The softer the cataract the sooner it becomes dissolved—with increased hardness of the lense, the slowness of absorption increases. Discission is in our times the model operation for cataract, causing so little pain, producing no irregularities of the cornea, consequently no astignatism, the iris is undisturbed and by opening the capsule in the center it retracts equally. No wonder, then, that the sight obtained is so perfect, generally, V=1, and permanent. But unfortunately, the employment of this superior operation is limited; the conditions must be a soft cataract and an elastic capsule, therefore it is seldom performed after a patient is 20 years of age; up to this time the capsule of the eye reaches its greatest degree of elasticity, and all cataracts are soft. After this age, the nucleus of the lense begins to grow hard, and the capsule less elastic. The aqueous humor now will have less effect upon the cataract, and the rigidity of the capsule endangers the result. *The chief danger by the discission is from the hypertonia, caused by partial thrombosis of the channels for escape by cataract particles.*

The harder the cataract is the longer it requires to dissolve, and the less the capsule can give to the increased pressure (caused by the interrupted escape) the more rigid the capsule becomes, the greater is the ultimate danger from an excavated disc. These are positively known to be facts; the question now is, can we not extend the indications for this operation, which, when successful, gives such excellent vision? Have we no means to suc cessfully combat this dangerous symptom, hyper tonia? This question I ask with so much more reason, because the popular linear extraction of Grafe which is, with slight modification, usually performed is far from praiseworthy in spite of its excellent statistics; it gives a temporary brilliant result, but, if you could have the statistics of vision, one, two and three years after the operation, you would indeed be disappointed. The vision, which on acconnt of the coloboma in the iris and irregular curvatures in the cornea, is seldom V = 1. And more frequently than you suppose it is reduced to simply enough for the patient to get about; this is due largely to the irregular retractions of the remaining capsule, producing irregular astigmations; and although this in many cases may be corrected by an after operation, it has for me (in Norway) many disa d vantages; a large number of my patients with much sacrifice can make this long journey to consult me once, but it is not possible for them to come a second time, even if necessary—therefore it has appeared a duty for me to employ an operation whose result will be more lasting. By Pagensteckers' operation, removal of the lense in the capsule, you prevent this misfortune, but unfortunately this operation is only applicable to a limited number of cases. I have therefore extended the indications for discission, drawing the line only where the cataract has become too hard, depending upon my ability to control the occuring hypertonia. I therefore perform discission on all soft cataracts, notwithstanding the age of my patient. After 50 years of age discission is scarcely applicable, and before that age only for those who can remain from three to four months under observation. In the west part of Norway this, I regret, can be done only by a few. While in young individuals I operate fearlessly by discission, not dreading hypertonia, in those of advanced years I am exceedingly cautious, until I ascertain the elasticity of the capsule, how much expansion it will tolerate without becoming hard—the elasticity of the sclera, as I said before, differs in different individuals. I perform therefore smaller discissions at shorter intervals, rather than larger discissions and longer intervals, because I not only get a smaller quantity of lense substance in the anterior chamber, and consequently less obstruction to filtration, but I also run less danger of irritating the iris by this substance being in the anterior chamber, and consequently need not use atropin when there are no indications for it. I prefer to use eserine, as it facilitates the escape from the eye. I never perform discission upon an atropinized eye; I use nothing unless I find hypertonia or irits; for the former I use eserine, for the latter atropin, but I always make use of massage, which seems a rational method when you consider that the hypertonia depends upon a mechanical closure of the filtration spaces by the cataract substance. By performing massage in a circular manner over the cornea, it is often surprising to find how the tension may be reduced, and I explain it in this way, by this manipulation: you dislodge the little particles that have floated into and closed the openings, and their displacement permits again the escape of the intrabulbar fluids. I have never regretted having performed discission of a cataract in a patient of advanced age. If you should, in the treatment of cataract by discission, have a stubborn and constant hypertonia, from which you dread an excavation of the disc, you are not in a desperate situation, as you can resort to Grafe's extraction; this I was compelled to do once, and the result was very satisfactory. Traumatic luxation, more than congenital ectopia, may occasion hypertonic states and excavation of the disc, if the lense is not removed from the anterior chamber or vitreous body.

Hypertonia is by no means a foreign symptom in *disease of the choroid.* It is found in the highest degree in the *purulent form;* you find it in *choroiditis serosa,* as also in sarcoma of the choroid in certain periods of development. Purulent choroiditis

is in fact only a link in the chain of those diseases called pamphtholmitis, from which patients suffer for weeks from the increase tension; in these cases, when I do not enucleate, I always control the pain and shorten the process of suppuration by freely dividing the entire anterior portion of the eye-ball and keeping it open. *Choroiditis serosa* resembles so closely the glaucomatic disease, that I must discuss it with them.

Sarcomas of the choroid you know have a glaucomatic state, during which time the pressure is so great and the suffering so violent that words fail to describe the misery, but when the capsule ruptures and the tumor has more space, the exclamations of your patient signify the greatest relief.

I will, in a few words, call your attention to the last form of disease of the eye in which hypertonia plays an important part, viz: *glaucoma*. The pathological anatomical nature of glaucoma is to this day in fact unknown, and a correct definition is impossible, therefore the glaucoma phantom stands isolated among disease of the eye, not being referred to any special part of the organ of vision. But certainly the pathonomonic symptom is not the green reflex from the pupil which christened the disease. Much more is hypertonia, which, on the other hand, is always present, and around which the other symptoms are grouped and upon which they depend. *Indeed, hypertonia is pathonomonic of glaucoma;* without it there is no glaucoma, but notwithstanding some insist upon it that glaucoma may be present without hypertonia; this only signifies to me that the hypertonia was doubtful to the touch, but sufficient for the destruction of the nerve papillæ, which possibly was more easily affected in these cases than is usual.

The excavation of the disc cannot possibly be explained in any other way; this is what Grafe taught, and this is the belief held by almost all oculists at the present time. You will never find absolute glaucoma with extensive excavation unless hypertonia is or has been present. Hypertonia is the most prominent and essential symptom in glaucoma, and unless you can reduce the tension, your treatment will be fruitless.

The treatment of glaucoma is a dubious undertaking, especially the simple, chronic glaucoma. In this form the cause is more certainly a question of closure of the filtration spaces themselves, and we can therefore understand how useless eserine will be as well as sclerotomy and iridectomy, especially when the tension has reached the middle degree. For my part, I never operate on these glaucomatic eyes when the tension has become +1 or +1½. If I deemed an operation prudent, I should use sclerotomy in preference to iridectomy, and thus avoid the destructive coloboma. In acute inflammatory glaucoma, where it is more a question of hypersecretion than of limited escape, then will the use of the above mentioned operation succeed in reducing the tension and saving the sight; here also eserine has proven of undoubted value, probably by assisting the escape of the increased secretion.

I wish here to thank my friend and colleague, Dr. A. P. Gilmore, for his kindness in assisting me to translate this lecture into a language in which the results of my diligent clinical examination of this matter during eight years can be understood by my collegiates, and possibly be of some advantage to the practical ophthalmologist.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

St. Louis, Feb. 24, 1883.

The Vice-President, Dr. G. Dudley, in the chair.

Dr. Meisenbach presented a specimen, illustrative of stricture of the œsophagus, taken from a patient sixty-two years of age. Saw the patient for the first time last December, and then he could not swallow solids, and liquids would regurgitate. He was emaciated, but no cancer of the gastric region could be determined, and concluded that the growth was higher up. Two days before death the patient vomited a bloody, fecal smelling matter, and continued to do so. The character of the growth is, without doubt, cancerous, and of epithelial nature, being limited and starting from the submucous tissues. The questions of interest, connected with such cases, are in regard to treatment and alimentation. The former is generally negative in its results and may justify the passing of bougies, but this is dangerous, especially if there be ulceration. There are numerous cases on record where the instrument passed into mediastinum or even pericardium. Rectal alimentation is a valuable means to keep up life; and this patient was kept up by it for one month. The post-mortem showed the lungs much darkened, pigment being deposited. The stomach was filled with grumous blood. There was fatty degeneration of the heart and liver, and the kidneys were also degenerated with calcareous deposits in the capsules.

Dr. Mulhall presented a larynx taken from a patient aged fifty-one, who, ten years ago, had syphilis. Five weeks before admission to the clinic had frothy sputa with yellow streaks, amounting to almost a pint daily. There was pain on swallowing, loss of sleep and of appetite and consequent emaciation. The nose, pharynx and lungs were normal. At the base of the tongue were radiating scars, the glosso epiglottic fold was shortened and thickened,

the lingual sinuses being very deep, accounting in part for the constant cough. The left ary-epiglottic fold was reddened, the right arytenoids pale, but the cords normal. Adduction and abduction of the cords was sluggish. He was given mixed syphilitic treatment, tonics and cod liver oil. The larynx was washed out and equal parts of iodoform, tannin and bismuth applied, which kept him from coughing. He went to the hospital in a few weeks, and February 11 he died. The epiglottis was found indurated, the false vocal cord covered with granular growths, and ulceration, and perforation of the membrane between the first and second rings of the trachea opening under the thyroid gland.

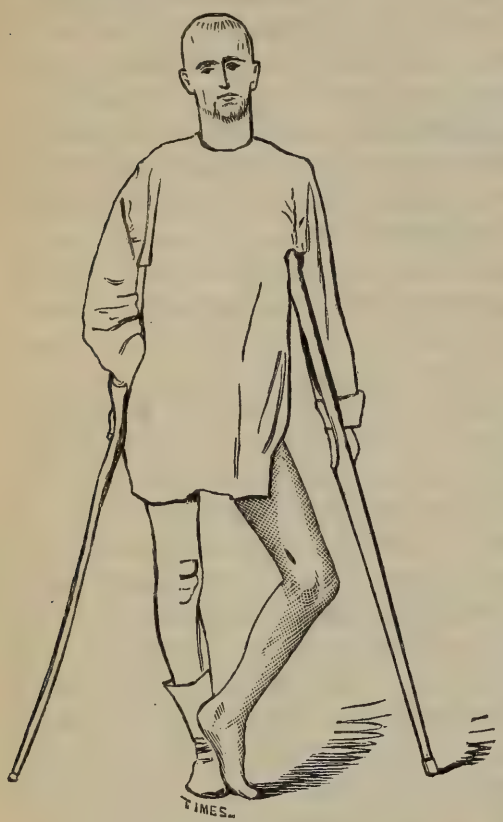


Fig. a.

Dr. Laidley presented his case of resection of the knee, and spoke of the advantages of the operation over that of amputation at the thigh.

[The accompanying figures show the leg before resection (*a*) and after performance of the operation (*b*).

In (*a*) the limb was useless and a source of irritation and a constant drain upon the system. In (*b*) it will be observed that although anchylosis exists, it is firmer and the general appearance is better.]

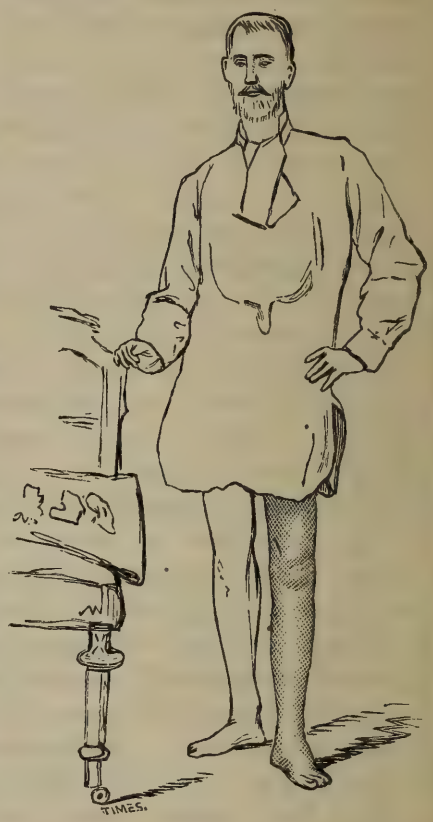


Fig. b.

Gross, in 1852, collected data of 174 cases, the mortality being one in five. The tables of Bryant and MacCormack represent 431 amputations of the thigh, the mortality being one in five. Swain in 472 excisions of the knee observed a death rate of 24.57 per cent. The recent reports to Italian authorities show a mortality of one in five in thirty-nine excisions. The mortality being about equal, the question is whether it is more desirable to have the limb fixed or cut off.

Dr. D. Prince, of Jacksonville (honorary member), had a case of stricture of the œsophagus, caused by concentrated lye, in a child two years old. It often had to go without food on account of inability to swallow even liquid food. He was encouraged to undertake the enlargement of the canal from the success of electricity in strictures of the urethra. An insulated metallic bougie was the negative pole which softened the cicatricial tissue. The treatment was commenced by introducing 30 c.c. 85 per cent alcohol and 180 c.c. of water in the rectum, and an amount of ether such as to keep up a fair degree of anæsthesia. The current from 70 Leclanché cells was passed every alternate day for one hour. After six sittings a bougie of 20 mm. could be passed, and the child swallowed soft solids. At the seventh, the bougie was used but ten minutes, when death occurred. It is probable that some manipulation of the instrument carried it near the medulla and thus caused death.

Dr. Porter said that from the relation of the parts, there must be danger attending the use of any instrument. After the stricture has existed some time, a dilatation forms above it which can hold quite an amount. We often encounter a spasmodic stricture above the sac, and when passed, imagine the instrument in the stomach. The powerful galvanic current may have caused perforation of the sac. Thought that death could not be from the anæsthetic, as the electricity would counteract it.

Dr. Prince remarked that the stricture was not in the center of the œsophagus, and he found it more convenient to introduce the bougie through the nose, the least possible force used being the best. There is not so much danger in the current if placed low down.

Dr. Watkins asked if, as Bartholow remarks, a strong galvanic current interrupts the heart's action, this, together with the anæsthetic, might not produce death?

Dr. Johnston did not believe that electricity had a softening effect on cicatrices, but rather that it relaxed by paralyzing the nerves. He thought the patient died of paralysis of the heart.

Dr. Prince spoke of resection of the knee, saying that the simpler a wound is the greater the chance for recovery, and on this account it is better

to amputate. If saving the limb is the question, exsection should be practiced. If there is a good constitution, no syphilis or scrofula, and the case is traumatic, exsection may be tried.

Dr. Love, considering the danger of the operation and the stiff, awkward limb that results, preferred amputation.

Dr. Atwood also favored amputation, both on account of ease of locomotion, the excellence of artificial limbs as now made, and the better appearance presented.

Dr. Laidley answered that before long stumps become troublesome and a source of irritation, while a resected joint never will.

Notice was given that an amendment to the By-Laws would be introduced to establish a committee on microscopy, whose duty it will be to examine all morbid specimens, and report thereon. This is a timely move, and one in the right direction, which will make the pathological specimens presented acquire a new value and scientific interest.

NEW YORK COUNTY SOCIETY.

[From our N. Y. Correspondent.]

On the 26th of February Dr. Charles Heitzman called the attention of the society to *The Nature of Tuberculosis; its Transmissibility and its Parasitic Origin.* Passing over that part of the paper which described the appearance and anatomical structure of tuberculosis, the subject of the infectious nature of the disease was discussed. From what I could gather from Dr. Heitzman's remarks, I infer that while he does not deny that tuberculosis may be infectious, he casts a doubt on the correctness of such a conclusion, as he is not satisfied in his own mind as to whether the bacilli are the cause or merely a product of the disease; it was in his opinion a problem yet to be solved.

In describing the microscopical work and experiments performed in various countries bearing on this subject, Dr. Heitzman spoke in contemptuous language of the labors of "a Frenchman," whose experiments had only served to confuse the professional mind on this subject. Having thus disposed of the discoveries of Pasteur and the discoverer, he spoke of "the Frenchman's" experiments having been repeated in Germany, where animals were inoculated with bits of wood, glass, aniline dyes, instead of the virus of tuberculosis, with equal success in producing the disease.

Dr. Heitzman was more lenient to his countryman, Dr. Koch, admitting that he had thrown new light on the subject, but Dr. Heitzman cast a doubt even on the result of this investigator's experiments.

Dr. Belfield, who was present, opened the discussion on Dr. Heitzman's paper, and as the speaker had delivered an interesting lecture on this subject but a few days previous (the Cartwright lectures for 1883), his remarks were listened to with close attention. Dr. Belfield himself pointed out that Pasteur's experiments were liable to serious error, from the difficulty of isolating repeated generations, and the impossibility of transferring the contents of flasks to other flasks, so as to insure absolute immunity from the accession of other and different bacteria floating in the air. He failed, however, to coincide with Dr. Heitzman in his attempt to confuse and be-little the experiments of the French savant. Dr. Belfield reminded Dr. Heitzman that the German experiment of inoculating animals with extraneous substances developed tuberculosis *only*, with animals kept long in confinement, and whose physical condition was more or less impaired thereby. He also pointed out that such experiments had been successful only in laboratories where tuberculosis matter had been freely used for long periods in the prosecution of other experiments. It was, therefore, quite possible that the pieces of wood, etc., used, had been in some way contaminated with tuberculous matter. That such was the case appeared the more evident from the fact that physicians repeating the experiments on animals recently captured, found that tuberculosis failed to develop itself under the same conditions. The independent experiments of German physicians all tended to confirm the conclusions of Dr. Koch, that healthy animals, not naturally predisposed to tuberculosis invariably developed the disease when inoculated with tuberculous matter. While thus claiming the infectious nature of tuberculosis, Dr. Koch maintained that some individuals of the same species were more disposed than others to become infected, by reason of certain physical conditions. Dr. Belfield also drew attention to the fact that he considered tuberculosis to occur in some instances spontaneously, as in other cases, such as pyæmia, which is known to be infectious, but he added, in every case the specific pyæmic poison must be present. On the point as to whether bacilli were the cause or the product of tuberculosis, Dr. Belfield reserved his opinion until future experiments had confirmed or disproved the experiments of Dr. Koch.

Dr. Jacoby, who was present, took part in the discussion, but beyond concurring with Dr. Belfield in considering tuberculosis infectious, his remarks contained no points which I found necessary to report.

The Vandalia Line, which includes the great mountain scenery route East, continues to be the popular line of travel by tourists for the Atlantic seaboard. Its fast time, elegance of equipment and excellent management combine to maintain the deserved popularity of the Vandalia.

SELECTIONS.

A CLINICAL LECTURE ON GASTRO-DUODENAL CATARRH IN YOUNG CHILDREN.

Delivered at the Harvard Medical School, Boston,

By Joseph P. Oliver, M.D., Instructor in Diseases of Children.

Physicians in general practice are often called to see and prescribe for little patients who present the following symptoms: They are delicate-looking, and one is told that for some time past they have complained of languor and weariness, particularly after slight exertion. They appear to be bright and fresh enough in the morning, but as the day wears on they are apt to be dull, and disinclined to play. When the hour to be dressed and go to the park arrives, they do not care to go out, but prefer to stay at home. Usually good natured and amiable with their brothers and sisters or other companions, they now become peevish and fretful, complain of occasional headache, are restless at night, grind their teeth, have bad dreams, wake up suddenly in terror, and at times with pain in the legs. The appetite is capricious; to-day there is none whatever, to-morrow it may be voracious. After eating, they will frequently complain of pain in the region of the stomach and small intestine. The tongue is at times clean, and again it has a moist, milky coat, through which the papillæ show prominently. The tip and edges are usually clean, and not particularly red. The bowels may be constipated, or they may be so for a few days, and then a little loose, or the child may have a slight clay-colored operation daily for a week or ten days. The breath is at times very offensive. In the autumn or spring there is apt to be more or less follicular pharyngitis. Now, this condition of things persists till the child has what the mother calls a "bilious attack"—that is, headache, nausea, vomiting and diarrhœa. The child is then in bed for a few days, and after that is a little better for a while, but in the course of a few weeks goes through with the same thing again. Occasionally there is a little cough; short and hacking during the day, but loose in the morning. The temperature is never above the normal unless the so-called "bilious attack" is protracted. Now, the foregoing symptoms go to make up what is called gastro-duodenal catarrh—an affection which, in my experience, is very common, especially in girls between the ages of four and twelve. Sometimes the symptoms are vague and indefinite. The patients do not have the explosive or so-called bilious attacks, and the parents do not seek advice until the condition of emaciation or a slight cough suggests the terrible name of phthisis. The symptoms often come under the head of that unscientific term, "general debility," and I am very sure that in children these symptoms mean nothing more nor less than gastro-duodenal catarrh.

The affection is often met with after some exhausting disease like pneumonia or typhoid fever: it may, however, occur without being preceded by either of those affections. I presume that during the fever the system in general becomes so exhausted that the digestive organs partake of or share in the general weakness. In these cases the appetite is at times voracious, and if the child is allowed to indulge it, the penalty for the indiscretion is generally pretty severe; an acute attack is developed with its train of distressing symptoms, such as pain in the head, nausea, vomiting, intestinal pain, and, perhaps, diarrhœa. As is well known, a child is not nourished by the bulk of food he takes into his stomach, but only by the food he can digest. In all children there is a constant tendency to acid fermentation of their food. This is very marked in feeble children; it may be due to their diet. The mucous membrane lining the intestinal tract is naturally active, and, on the slightest irritation, pours out suddenly and freely an alkaline secretion; if they have over-eaten, or if starchy food has too largely entered into the diet, fermentation is set up, and an acid is formed which stimulates the mucous membrane to further secretion. Now, this excess of mucus is the *fons et origo mali* under consideration, for it interferes with the digestion and absorption of food. As a result, the child is imperfectly nourished, and, from lack of nourishment, the symptoms of general debility, or, properly in these cases, gastro-duodenal catarrh, are developed.

As I before stated, the affection is more common in girls than in boys. With watchful parents some children seldom have the explosive attacks. The cases are less severe, but the child is half sick all the time.

During second dentition this affection is extremely common, and often mothers believe this process to be the occasion of the child's ill-health. Worms are also supposed to be the cause of the illness, and it is not surprising that mothers think so, for it is not unusual to find in these cases lumbrici or oxyuri. The excess of mucus which is secreted forms a favorable nidus for the development of the worm, and, consequently, the parasite is less a cause than a result of the disease.

The symptoms, then, may be briefly enumerated as follows: I refer to the subacute or chronic gastro-duodenal catarrh, not the acute affection. The so-called "bilious attacks" which occur in these cases are simply the affection rendered acute for a few

hours or days, and need not be described in this lecture.

First, the child's appetite is capricious or fails altogether. He is constipated, and, perhaps, the constipation is followed by diarrhœa, for a day or two. After this state of things has gone on for a time, he complains of feeling tired on slight exertion, is languid, indisposed to play. At times he is fretful and peevish, restless at night, grinds his teeth, wakes up suddenly with severe pain in his legs or in great terror. The child emaciates, the eyes are sunken and surrounded by dark rings. The skin becomes thin, harsh, and dry. There may be nausea and slight headache, with blurring of the eyes, and in older children, muscæ volitantes.

Through all this the tongue may be tolerably clean, or it may have a light milky coat, with the papillæ showing through prominently, the latter fact being generally significant of digestive disturbance in children. The so-called "worm-tongue" may exist—that is, a tongue tolerably clean on the tip and edges, with a coating of shiny mucus in the center. The tongue is seldom markedly affected. The breath is often very offensive, though foul breath may be due to the disordered stomach or to buccal or pharyngeal catarrh. The cough which may be present is due to either slight bronchial catarrh, follicular pharyngitis, or elongated uvula. You frequently find hypertrophied tonsils in these cases, and the decomposition of the thick yellow secretion will account for the foul breath. Earache is not at all uncommon in these cases. I believe that I have before alluded to the occasional pain in the epigastric region after eating.

Now, having made a careful examination of the little patient, and having come to the conclusion that the symptoms are due to gastro-duodenal catarrh, having recognized the weakness of the digestive system, and having seen the evidence of defective nutrition, our indications for treatment are plain enough. We must increase the nutrition—that is, increase the supply of food, but at the same time we must be careful in our selection, as the fact that the digestive system is feeble must ever be before us.

Treatment.—First, the diet is to be arranged; as the tendency to fermentation is so marked in these cases, I eliminate the starchy foods as much as possible. You cannot deny a child of from six to twelve years bread and potatoes altogether, but you can arrange an agreeable and varied diet, so that he shall get a minimum quantity of these articles. Many physicians believe that such cases would be benefited if oatmeal and cracked wheat should enter more largely into the diet; it is not so, however, according to my experience. It seems to me that oatmeal and cracked wheat illustrate most admirably the old adage that "what is one man's meat is another man's poison." Particularly in the summer season should the oatmeal be interdicted. In these cases I generally order a cup of weak mutton, chicken, or veal-broth to be given to the child as soon as he wakes in the morning, before he gets out of bed even; a good-sized tea-cupful is enough; of course, it must be warm. Then an hour or so later a little toasted bread or stale French bread. The crust of the long French roll is excellent, and children usually like it. With the toast or French bread may be given a cup of milk and a hard boiled egg chopped fine, to which may be added a little butter and salt, or, better still, a little cream, or, in place of an egg, a little broiled fish. Some children will object to the milk, and in such cases you will do well to prescribe Schweitzer's cocoatina, Cadbury's cocoa essence, or Fry's cocoa powder. Children, as a rule, like the cocoa or chocolate flavor, and do not object to the milk when so disguised.

At noon a dinner consisting of beefsteak, chop, a little bird, roast beef or mutton, not too much cooked, with meat gravy; but no made gravy or sauce is to be allowed. At night dry bread and milk. The broth, if not too rich, may be repeated at this meal. Some mothers think this a pretty limited diet, but you should vary it as much as possible, and give four or five small meals a day instead of three larger ones. As the excessive production of mucus in the stomach and intestine is to be overcome gradually and by constant efforts, I endeavor to attain this result in two ways: first, by diminishing the production—that is, by regulating the diet; and, secondly, by clearing out the excess or overproduction by means of cathartics regularly administered every third or fourth day. As cathartics I use the aqueous tincture of rhubarb, licorice powder (German), pil. rhei. comp., and occasionally the following powder: ℞ Calomel, 1 part; pulv. Jalap., 2 parts; pulv. Scammony, 2 parts. M. To be given in Syrup.

In mild cases the following recipe has often done good service, obviating the necessity of the regular administration of a cathartic: ℞ Podophyllin, gr. j; Alcohol, ℥j. M. Five to ten drops on a lump of sugar morning and evening. The indications for this are constipation, clay-colored stools, and loss of appetite. I do not expect to get a cathartic action from the remedy, for if it produces such an effect it must be used in smaller doses or abandoned altogether. It is to be given for two or three weeks, or even longer. Under its use I have seen the tongue clean, the appetite return, and follicular pharyngitis disappear completely. Under the above circumstances some physicians will order four or six grains of calomel; but as it is a very unpopular

treatment among many of the laity, I seldom employ it, particularly as other things seem to act as well. One word more in regard to the podophylline: If the patient should have two or three dejections a day, the dose must be diminished about one-half. The good effect of the medicine is not seen for several days. After cathartics, alkalies are of next importance—the bicarbonate of soda or potassa, given in a bitter infusion, say cascarilla, chiretta, gentian, or columbo. If the mucous membrane generally is in a lax condition, to the foregoing bitter and alkali you may add a little tincture of myrrh. As it gives a disagreeable taste to the mixture (already disagreeable enough to the young patient), I would omit it from the prescription unless you consider that the patient really requires it.

The bitter is usually intensely disagreeable to children, and sometimes it is a difficult matter to get them to take it regularly; but if the mother understands the importance of the drug she will make the child take it. Tincture of nux vomica or liquor strychniæ are sometimes useful adjuncts to the bitter infusion. They, of course, render it still more bitter. The objection to syrup is obvious. La Bourboule water you will often find useful. This is a natural arsenical water which comes from La Bourboule, Auvergne, France. The arseniates play the most important part in the water, owing to the powerful action which they possess in a small volume and in a proportional large dose, as they are found in the Bourboule water; no other mineral water known contains so large a proportion. Nowadays it is a favorite remedy with dermatologists; it is indicated in cases of gastro-duodenal catarrh where you find as a complication obstinate post-nasal and pharyngeal catarrh, and in patients who have the so-called herpetic diathesis, which shows itself by the familiar cutaneous lesions of certain forms of psoriasis, eczema, etc. It should be given warm, after meals, in quantities of one to three or four ounces three times a day, and should not be continued beyond three weeks. Its administration may be resumed after a fortnight.

As the child improves, a little iron may be added to the treatment, but of the milder forms and in very small doses. A little later many children bear cod-liver oil well. Wines, such as dry sherry or good claret, may be given with dinner. Baths are a useful adjunct to the treatment—I mean sponge-baths.

The Brain of M. Gambetta, the leader of the Republicans in France, was found (London Lancet) to weigh about thirty-seven and a half ounces, less than the average adult brain, according to some authorities.

Just When the American Surgeon will venture to suture a stab-wound of the pericardium, or more, to sew up a wound of the heart muscle, time only can determine. If he should follow closely in the footsteps of Dr. Block, of Dantzic, (Annals of Anatomy and Surgery) he may not long postpone this venturesome proceeding. Block reported to the last Congress of German Surgeons a number of experiments upon dogs and rabbits which he had subjected to various wounds of pleura, pericardium and heart, a number of which recovered after sutures. He showed one dog who had recovered from a wound of the heart muscle, with opening and suture of all three thoracic cavities.

Hemorrhages in Enteric Fever are thought by Mr. James Ferguson (British Medical Journal) to follow the use of the salicylates, especially the salicylate of soda. He gave the salt in doses of half drachm to one drachm; while Dr. H. Mc Lean Wilson, who gave it in doses of ten to fifteen grains, repeated frequently during the twenty-four hours, noticed the same result.

Three Hundred and Sixty-eight Members and Fellows of the Royal College of Surgeons of England have died in the past two years, the average age of the Fellows being sixty-six years, that of the Members fifty-seven years.

Lady Practitioners seem to be in favor in Iowa. At the meeting of the Scott Co. (Ia.) Medical Society held February 1, Dr. Jennie McCowen was chosen president for the ensuing year.

The Library of the Royal College of Surgeons, England, contains about 39,000 volumes, and the number is increasing every year.

Our Mr. Chambers has just returned from Chicago (over the Wabash R. R., which is fast becoming the popular line between these two great business centers of the West), where he spent several days making additional arrangements with Prof. Roswell Park and others for editorial work. Our patrons may expect the "Review" to appear in future promptly on time.

The Weekly Medical Review.

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A Thirteenth Cranial Nerve.—Dr. Sapolini, of Milan, published in 1881 a monograph with this title, in which he took the ground that the chorda tympani was a distinct and separate nerve. It was translated almost in full in the American Journal of Otology for the same year, and Dr. Chas. Burnett, of Philadelphia, has recently given a résumé of the subject. (Med. Times, Feb. 24, 1883.)

Sapolini came to the conclusion that the so-called intermediary nerve of Wrisburg, lying between the origins of the seventh and eighth nerves at their origin, is the proximal portion of the chorda tympani, which really takes its origin in the floor of the fourth ventricle and terminates in the lingual muscles. He follows this nerve up to the ganglion geniculatum in the facial canal; he then traced the chorda tympani backward to the same point and found that they were really one and the same nerve. To follow this down through the tympanic cavity and the canal of Huguier to its junction with the lingual branch of the fifth is an easy matter. His careful dissections show further that the two nerves now form a plexus in the muscles of the tongue, which he calls the "plexus tympano-lingualis." He thinks that from its origin, both in the corpora restiformia and the lateral bodies, that it must possess both sensory and motor fibres.

If now all this be true, this nerve must have special function, and to it Sapolini assigns that of governing speech. No articulate sound can be made without a motion of the tongue, and the slow progress in articulation made by children he explains by the late appearance of white matter in the floor of the fourth ventricle. Speech belongs to man, but with patience a parrot can be taught to speak. Two talking parrots whose chordæ tympani he cut suddenly ceased to speak. To the chorda tympani alone then would he ascribe speech, while he holds that the lingualis of the fifth and the glosso-pharyngeal give the tongue touch and taste, and the hypoglossal and lingualis of the seventh govern its movements in deglutition.

It must be said that pathological facts bear out the above anatomical theorem. Injury to or disease of the chorda tympani, or its envirous, have in many cases affected speech. Moreover, if a talking child under six lose hearing in both ears, it often simultaneously shows impediment in or loss of speech.

Hydrarthrosis of the Knee is treated by Volkmann in this way: He washes out the joint with a carbolised solution until it returns clear, and allows 50 to 150 gr. of the same to remain. He then flexes and extends the knee, after which he puts on a Lister dressing and immobilizes it. In old cases this is to be repeated every three or four weeks; in recent cases once is enough. In very bad cases of distention with abundance of melon-seed or rice-grain bodies, or in cases of plastic arthritis without much effusion, he makes two lateral incisions and introduces two drainage tubes, which are allowed to remain so long as they provoke secretion.

In the March Number of the Annals of Anatomy and Surgery, Dr. Roswell Park, of Chicago, has the first article yet published in English on the "Electric Light in Surgical Diagnosis." He describes at length the instruments made for this purpose by Trouvé, of Paris, and Leiter, of Vienna. The article contains fourteen illustrations, including two large plates, and is certainly a novelty in current professional literature.

Bromide of Ethyl is regarded by Prof. J. J. Chisholm (Md. Med. Jour.) as the anæsthetic par excellence to be used for any painful surgical operation which can be quickly performed. He says that he produces narcosis in less than one minute, often in twenty or thirty seconds, but that this sleep will last only one or two minutes, and that in five minutes the patient is fully over the effects of the anesthesia. He is of the opinion that it cannot be advantageously repeated nor continued for any length of time, but that its action is obtained during the first minute of inhalation in the primary anesthesia. The method of administration is materially different from that of administering chloroform. While chloroform vapor must be freely diluted with air, the ethyl vapor must be inhaled without air, in order to secure speedy and effective results. Dr. Chisholm uses a towel folded into the form of a cone, with a sheet of paper placed between the folds of the towel. The base must be large enough to cover both mouth and nose, and the soft material allows it to be kept closely in contact with the face, so as to exclude the air. He instructs the patient to make long inspirations in spite of the somewhat stifling sensation which the vapor produces. About one drachm of the bromide of ethyl is then poured into the cone, which is immediately inverted over the nose and mouth of the patient, and the edges held down closely to the face. Children will struggle some to escape, but the cone must not be removed for an instant until anesthesia is produced. A dozen full inspirations, as a rule, will produce deep narcosis. Complete relaxation, with absence of reflex irritation on touching the conjunctiva, ensues, but this sleep does not usually last more than two or three minutes, often not so long, and the patients usually awake suddenly and completely, and without any staggering or obscuration of the mental faculties.

Chloroform is preferred to ether by Prof. Chisholm for administration in all tedious or prolonged surgical operations. He has given this anesthetic to over 12,000 patients during the last thirty years and has not lost one. He believes that when given carefully with suitable precautions it is as safe as ether, and that without such precautions trouble may come with whatever agent is used. The rules which he prescribes are as follows: 1. Always give the patient a strong drink of whisky, one or two ounces to an adult, before administering chloroform. 2. Always loosen the neck and chest clothing so as to have no impediment to respiration. 3. Only administer chloroform in the recumbent posture, with body perfectly horizontal and head on a low pillow, which also is to be removed as anesthesia progresses. 4. Secure free dilution of the chloroform vapor with air. He uses a thin towel folded in the form of a cone, with an open apex so that the air can freely pass through, and this is held at some little distance from the face of the patient, the fingers being held under the edges so as to keep it from fitting closely to the face, as also to prevent the chloroform from coming in contact with the face and blistering it. Another excellent method is that of using a wire mask, over which a single layer of flannel is stretched, upon which the chloroform is dropped from a dropper. 5. If loud snoring occur, force up the chin, thus straightening the respiratory tract from the nose to the larynx and making respiration easier. This he regards as more efficient, as well as being more easily and quickly done, than pulling out the tongue.

At a Recent Meeting of the Baltimore Academy of Medicine, Dr. C. Johnson exhibited a specimen of forty inches of intestine passed by rectum. The patient, a lady, was thirty-two years old, and was always subject to indigestion and colic. Stercoraceous vomiting accompanied the attack, during which the specimen was passed. For nine days previous to the vomiting there had been no stool, and a circumscribed tumor was felt. After vomiting more or less for three days the sphacelated bowel, together with some omentum, was passed. Part of it still contained fæces. The specimen was a part of the ileum.

The New Turf-Mould ("torf mulle") dressing seems to be gaining ground. It will be remembered that this was introduced by Dr. Neuber, Prof. Esmarch's assistant at the Kiel clinic. It came into use in this way. A peasant received a severe injury to the fore-arm, which was rudely dressed with mould from the moor on which he was working. On his arrival at Kiel, ten days after, the wound was found absolutely free from suppuration and much of it united. Struck with the result, Dr. Neuber investigated the properties of the substance. It was known that the earth was a powerful deodorizer of fæcal and offensive substances. It is now used for bedding horses in the shape of "moss-litter," and deodorizes so effectively that a single bedding can be used three months. He also found that in fine powder it possessed an affinity for ammoniacal products of decomposition. It is this mould which is placed in gauze bags, which are applied over the wound and retained in position.

These dressings have been used by Esmarch after resections, amputations, ovariotomies, herniotomies, etc., and have usually been allowed to remain, without change, for two weeks or so, when upon removal the parts are found to be healed up. The results have been most satisfactory. The method furnishes the cheapest known antiseptic dressing; the dressings are light and comfortable, and they have been given sufficient trial now, so that their virtues need no longer be regarded as problematical.

The Virtues of Boracic Acid are not yet well enough known. With very few exceptions it will prove itself superior to iodoform as a surgical dressing. A most happy way of using it is to use the "boro-glyceride" or "boracio-glycerine." This ought to rapidly displace all oily dressings, since it is easily miscible with water, and we have all the advantages of oil without its undesirable properties. Wounds dressed with glycerin are cleansed perfectly with a simple stream of water; those dressed with oil cannot be so washed.

Shelly, of Hertford, Eng., first showed that the action of glycerin upon borax was a chemical one, boracic acid being set free. The boro-glyceride prepared by many manufacturers is like an ointment, easily miscible in water and having the composition ($C_3 H_5 BO_3$). This is made by adding borax to glycerin. An equally or more elegant preparation may be prepared according to a formula given by Dana in the American Pharmacist. The acid, it seems, is quite soluble in hot glycerin, in the proportion of three to eight. Thus dissolved, say six ounces of acid in a pint of glycerin, it is serviceable in every shape and nature of wound or injury. This can be worked up into ointments of various strengths with various vehicles.

The credit of having introduced boro-glyceride as an antiseptic in actual work, undoubtedly belongs to Prof. Barff.

Woman's Relation to the Medical Profession and the Relation of the Medical Profession to Woman was the theme taken for discussion by Prof. Boisliniere at the graduation exercises of the St. Louis Medical College last week. His conclusion with regard to the first division of the subject was: "My dear ladies, I beg of you, let physic alone, except it be prescribed for you by a male physician." The sum of the second division was comprised in the injunctions to the graduates to treat their lady patients with the utmost deference and consideration, and to select some refined and sensible lady and marry her at the first opportunity.

A Slight Modification of the ordinary operation of tying the veins for varicocele has been described by Barker (Lancet, Sept. 30, 1882). He makes a slight opening in the scrotum with the scalpel, and through this passes a carbolized silk ligature back of the veins and then in front of them; tying this, he cuts the ends short and lets the knot slip inside the scrotum. In the cases which he reports, no inconvenience resulted from this procedure.

Nephro-Lithotomy was performed by Mr. Bennett May, and a stone three inches long and weighing an ounce removed. The case was reported at a meeting of the Clinical Society of London (Lancet), and occurred in a miner thirty-four years of age. The first symptoms of the disease, severe pain in the left loin, appeared when he was sixteen years old, and at intervals in the next few years, and then left him until about a year ago. Blood, however, would appear in the urine after exertion, and there was a constant ropy sediment. Pus and phosphates also frequently rendered the urine turbid, but the amount was not constant. Examination failed to reveal the presence of swelling, hardness or tenderness. The operation differed from a colotomy one, in that the incision was made higher up, skirting the rib. On manipulation the stone could not be made out, but it was readily detected by acupuncture. A vertical incision was made in the kidney large enough to allow extraction of the stone, this being accomplished by the fore-fingers. A profuse venous hemorrhage occurred, but pressure served to control it. The parenchyma seemed to be healthy, and neither pus nor a sac could be detected. Urine issued from the wound the next day, but ceased by the twenty-first, and by the end of the fifth week the wound had healed. The urine slowly improved until it became almost normal, and there was every indication that recovery would be complete.

Poisoning by Illuminating Gas is treated by Dr. Henry J. Garrigues by transfusion. He reports a case in the New York Medical Journal, in which there was total unconsciousness, injection of the conjunctivae, dilation of the pupils, convergent strabismus, irregular breathing of a puffing character and twenty-two a minute, a very small and rapid pulse, with subsultus and severe contraction of all the muscles, especially the flexors. Hot bottles and mustard plasters to the skin had been employed, and artificial respiration tried, but without success. Transfusion was then performed, six ounces of defibrinated blood being slowly injected. By this treatment the patient began to improve, the pulse became stronger and the breathing more natural, and he could be roused sufficiently to take some ammoniated water and black coffee. He was very sleepy, but was constantly aroused by flagellation and the use of faradization. In three hours he could recognize his friends and speak, and in two hours more he was sufficiently conscious to be allowed to take a little sleep.

Dr. E. Besnier, of the Hôpital St. Louis, of Paris, has for some three years employed frictions with pyrogallic acid in the treatment of psoriasis without having observed symptoms of intoxication such as occurred in the unfortunate cases in the Breslau Clinic in 1878. In 1881, however, Dr. B. observed such cases (Annales de Dermatologie et de Siphilographie), the toxic symptoms being, at first, rigors, general cold and rapid prostration. The eruption disappears and anemia comes on, the tissues become pale, œdema, glairy diarrhœa, black urine and acute œdematous broncho-pulmonary congestion occur. The successful treatment adopted consists in inhalations of oxygen, energetic revulsion of the extremities, alcoholic drinks and subcutaneous injections of sulphuric ether. The conclusion to be drawn is that the greatest attention should be paid whilst using pyrogallic acid externally. The renal functions should be examined daily, and in cases of generalized psoriasis applications should be limited to one-half or one-third of the affected parts.

Case of Myositis Ossificans was exhibited by Prof. Podrazki at a recent meeting of the Vienna Medical Society. It affected the brachialis anticus and had a traumatic cause, as such cases almost always have. He had seen two other cases during nineteen years in the practice of Pitha. Weinlechner had seen two ossific spots in the sural muscles following injury. Kundrat expressed the opinion that some supposed exostoses of the femur proceeded from muscles. Iodide of potassium has no effect on these growths, nor does anything else seem to affect them.

The Medical Service of the United States Army is carried on by the following officers: A surgeon-general with the rank of brigadier-general; an assistant surgeon-general, with the rank of colonel; a chief medical purveyor with the rank of colonel; four surgeons, with the rank of colonel; ten surgeons with the rank of lieutenent-colonel; fifty surgeons, with the rank of major; and one hundred and twenty-five assistant surgeons. On appointment the medical officer is commissioned as an assistant surgeon, with the rank and pay of a lieutenant of cavalry, $1500 per annum. After three years service his rank is promoted to that of captain and the pay is increased to $2,000. This rank he retains until the occurrence of a vacancy promotes him to the rank and pay of a major, as a full surgeon. The pay of a major is $2400. The grades of lieutenant-colonel and colonel are attained by seniority, the salaries being respectively $3,000 and $3,500. Every five years ten per cent is added to the pay until the increase amounts to forty per cent, when it remains permanent without further increase. The examinations for appointment are very rigid and many of the applicants are rejected. An examining board is now sitting in New York as noticed in the Review, Febuary 17th.

Peritonitis has been one of the complications most dreaded by surgeons who have operated upon the abdominal and pelvic viscera. It is certainly a reversal of the former views of pathology and surgical practice to find an eminent surgeon advocating and practicing the making of abdominal section, washing out and draining the abdominal cavity, as a method of treating peritonitis itself. Lawson Tait does this however. He reports four cases in his last series of operations, covering the period of fifteen months preceding the present year. In five other cases he made the operation on account of peritonitis, but found a cause for the disease after opening the abdomen, viz., pyosalpinx twice, par-ovarian cyst twice and pelvic abscess once. Accordingly in the statistics these cases appear under these respective heads, rather than under the head peritonitis. He is quite enthusiastic on the subject, and believes that in thorough drainage of the abdomen we have the key to the successful treatment of peritonitis.

Pelvic Abscess is by no means an easy trouble to cure. Lawson Tait (British Medical Journal, Feb. 17th) says that he regards the method of treatment which he now adopts in these cases is the advance in abdominal surgery of which he feels most proud. He has now operated upon twenty-four such cases by opening the abdomen, opening and emptying the abscess, stitching together the two wounds and draining the abscess cavity. The result has been most satisfactory, as twenty-two of the twenty-four cases are completely cured, and another is nearly well and improving, while in only one did the wound fail to heal, and the patient died of phthisis pulmonum, which was suspected when the operation was performed. Under the old methods of treatment he says that more than one half the cases were not cured, but either died or led an invalid life by reason of suppurating sinuses.

Fissure of the Anus is often regarded by surgeons to be incurable without the use of the knife. Dr. Boardman Reed (Med. News, Mar. 3) recommends iodoform applications. He combines the iodoform with balsam Peruv in the following proportion: ℞ Iodoform pulv. ʒss., Balsami Peruviani ʒij, Cosmolini ʒi. M. Sig. Apply three or four times a day after washing the parts. He has used this application with entire success in four out of five cases. In connection with this application he administers some mild laxative in quantity sufficient to produce one soft stool daily. This treatment should be more thoroughly tested, as many patients so dread the knife that they will not consent to undergo an operation even though the suffering from the fissure be very severe, and any method of treatment which affords a reasonable prospect of relief without an operation will be a boon to them and secure credit to the practitioner.

In the Course of a Paper entitled "Some further Remarks on Anæsthetics and their Administration," in the volume of St. Thomas' Hospital Reports for 1882, Mr. Osborn, chloroformist to the hospital, makes the following points, which are important enough to to bear frequent quotation:

Dilatation of the pupils is a sign that the anæsthetic has been pushed far enough, and its administration should be stopped.

Flaccidity of the limbs is no sign of cutaneous insensibility.

The inhalation of ether may produce exanthematous patches on the face and thorax. Cases have been removed from the operating table under the impression that an outbreak of an eruptive fever had begun, and that the case was unfit for operation. The origin of this phenomenon is to be found in paralysis of the vaso-motor nerves. Moreover, if genuine skin eruption be present, it is by the same cause made more prominent.

A false impression may be conveyed when feeling the pulse, where the patient lying upon the arm compresses the main artery.

Chloroform is better for all operations about the mouth, stapylorhaphy, excision of tongue, etc., since ether not only excites the salivary flow and increases vascularity, but, the mouth being open, they return sooner to conciousness.

The element of danger is more often present in rectal operations, but whether from the fact that all *bloodless operations are dangerous in plethoric individuals*, or because diseases of the bowel are very depressing and the sensitiveness of the rectum requires a higher degree of anæsthesia, is uncertain.

A Remarkable Case was recently communicated to the Society of Surgery by Tillaux. A man of forty-three, entered the Hospital Beaujon for complete retention of urine. A flexible catheter was passed, but a steel sound could not be made to enter the bladder. Pain in the pelvis and in the lumbar region pointed to a possible spinal lesion, but exploration revealed a considerable prostatic enlargement. This enlargement fluctuated, and, along with the bad general condition of the patient, was finally regarded as a cold or tubercular abscess of the prostate. A couple of weeks later the tumor was opened through a rectal speculum, and a large quantity of liquid evacuated. The finger introduced gave evidence of a large cavity. Later the patient passed a considerable number of hydatids by the rectum. After a few days he was discharged cured.

A Striking Parallel between tuberculosis of bone and that of the lungs is drawn by Mr. Savory in a recent issue of the Lancet (Nov. 4, 1882).

The cancellous structure of bone resembles the parenchyma of the lung; they are both sponge-like and both liable to be filled up with caseous infiltrate. In both this mass is surrounded by a zone of vascularity. The cavities formed in tuberculous bone much resemble those formed in the lung—the so-called "vomicæ." The lung has much the same relation to the pleura that bone has to various joint structures. Just as pleurisy may be set up by the presence of tubercle in lung tissue, sosynovitis may be set up by contiguity of tuberculous bone. Moreover, a fungous joint inflammation may be regarded as an empyema of that joint. In either case urgent symptoms follow comparatively latent mischief.

In both lung and bone there may be a single focus which quickly degenerates, or there may be several foci. Whatever view then be taken of the subject, the similarity is striking and opens up a large field both for reflec- and research.

The Chicago Training School for Nurses is making very satisfactory progress. The second annual report states that there are twenty-three pupils admitted and eight on probation. They are employed in the wards of the Cook County Hospital, and the medical staff of the hospital express entire satisfaction with the conduct of the nurses. A special building for the school is now being erected in the immediate vicinity of the hospital.

Carbamide, or urea, is stated by Dr. Belvousoff to be an efficient substitute for quinine. He asserts (Journal d' Hygiene) that carbamide has a specific action in intermittent fever; that it can be employed in many other complaints as an antipyretic; that it is an efficient germicide, killing bacteria and vibriones instantly. It is tasteless and does not depress the nervous system, and is much cheaper than quinine. In southern Russia and Montenegro the use of urine as a cure for intermittent fever is common among the peasants. Several years ago the attention of the profession was called to the value of a double salt of urea and quinine for use by hypodermic injection instead of the other salts of quinine, the claim for it being that it was less irritant, and equally if not more efficient. The facts just cited, as to the therapeutic qualities of the urea, will explain and guarantee these claims.

Spontaneous Rupture of the Gall-Bladder is a very rare event. Sahlin relates the following case: Patient thirty-two years of age; mother of four children; has for years had a chronic catarrh of stomach, and complained of pain in right hypochrondrium from time to time; she has never had biliary colic. One night, when six months advanced in pregnancy, she was seized with a sudden and violent pain in the abdomen. During the following days the abdomen enlarged and there was extreme tenderness in the right iliac fossa. On the twelfth day miscarriage occurred, and three days later she died without any appearance of jaundice. At the autopsy a large amount of bile was found in the peritoneal cavity; the gall-bladder contained five large calculi, and had ruptured through the anterior wall.—(Hygiea, 1882.)

In the Australasian Medical Gazette Mr. Creed, of Sidney, relates two interesting cases of accidental cures of serious surgical conditions.

A woman, aged thirty-five, had a well marked ovarian tumor. One evening she fell, and was conscious of something giving way inside. The accident was followed by collapse and this by peritonitis, from all of which she recovered without a sign of a tumor to mark its site previous to its rupture.

An old man who had lost one eye had cataract develop in the other. A blow on the head dislocated the affected lens sufficiently to enable him to see objects in one direction. While in hospital awaiting operation he bumped his head severely enough to dislocate it still further into the bottom of the posterior chamber. It only remained to fit him in due time with suitable glasses, after which his vision became excellent.

Naval Medical Appointments, like those to the army, are made upon competitive examination before an examining board (N. Y. Med. Jour., Feb. 24). Assistant Surgeons rank, on entering the service, as Ensign or Master, and are paid at the rate of $1,700 when on ship duty; $1,400 when on shore duty, and $1,000, when on leave or awaiting orders. After three years' service, two of which must be on ship duty, he can come up for examination, and, if successful, becomes a Passed Assistant Surgeon, with the rank of Master or Lieutenant, with pay $2,000, $1,800 or $1,500, according as he is on duty or not. After five years the pay is increased to $2,200, $2,000 and $1,700. Promotions are by seniority. Surgeons have pay during the first five years, $2,800, $2,400, $2,000; the second five years, $3,200 $2,800, $2,400; the third five years, $3,500, $3,200, $2,600; the fourth five years, $3,700, $3,600, $2,800; after twenty years, $4,200, $4,000, $3,000.

Menstruation is sometimes continued until quite late in life. Dr. W. S. Higgins reports a case in the Medical Record of a woman seventy-six years old, who is in the enjoyment of good health and menstruates regularly, the flow being preceded by the same kind of feelings that she had when it was first established at the age of eighteen years.

Dr. Geo. M. Beard's library is being catalogued and will be sold at auction.

Two Attacks of Scarlet Fever occurring in the same individual within a few months came under the observation of Dr. Francis P. Kinnicutt (Medical Record). In the first attack angina was severe, and the eruption profuse, covering the entire body. During the first week the temperature was one hundred and four to one hundred and five degrees in the axilla. The desquamation was extensive and of the lamellar type. There was some albuminuria, which disappeared in the course of two months. In the second attack there was slight congestion of the fauces, the temperature in the axilla being one hundred and two degrees, rising in a short time to one hundred and four degrees. The rash appeared on the neck and soon extended over the whole body, and was, if anything, more profuse than in the first attack. The fading of the eruption was characteristic, and the desquamation of the same type as on the former occasion. A submaxillary gland which had been swollen from the beginning, suppurated and was incised. Slight albuminuria developed and still persists. The patient has suffered from numerous boils in different portions of the body. The doctor remarks that while true relapses have been reported by several observers, a second attack occurring within a few months, in which all the symptoms characteristic of the disease are as well developed as in the first attack, is rare enough to be worthy of record.

Bronchiectasis.—Mr. Williams reports in the Lancet his fourth case of bronchiectasis treated by tapping. The patient was a man aged forty, in whose right chest a bronchiectasic cavity could be diagnosed beyond a doubt. The expectoration was exhausting and the fetor of the breath and sputum unbearable. The incision was made over the cavity, vertically and two inches to the right of the nipple. It was made long enough to cover two intercostal spaces, so that in case an opening through the upper one were too high another could be made lower down. This is a most serviceable and important rule. In this particular case all the symptoms were much ameliorated, but after a time the man died of septic trouble from other cavities which had formed.

Paget's Disease of the Nipple is considered at some length by McCall Anderson in the Glasgow Medical Journal, Oct. 1882. He gives the following points as serving to characterize it:

It occurs especially in women who have passed the climacteric. The affected surface, in typical cases, is of a brilliant red color, and, after removal of crusts, raw and granular looking. When grasped between the thumb and forefinger, superficial induration is often felt, as if a coin were laid on a soft elastic surface and grasped through a piece of cloth. The edge of the eruption is abrupt and often elevated. It is very obstinate and only yields to extirpation or treatment adapted to epithelioma generally.

Eczema of the nipple and areola, while having a general resemblance, has none of these characteristics so well marked.

The New York Academy of Medicine has elected Dr. Fordyce Barker for the third time to the office of president. The Academy was organized thirty-six years ago with one hundred and eighteen members, of whom twenty-four are still living. The library now contains over nineteen thousand volumes and between five and six thousand pamphlets. In his address Feb. 1, 1883 (N. Y. Med. Jour. Feb. 24,) Dr. Barker states that more valuable papers have been offered for reading before the Academy than there were evenings in which to read them. Certainly the work of the New York Academy has been most creditable.

A Case of Transfusion of pure water, warmed to the proper degree, is reported by Wm. Coates, of the London Hospital, in the Lancet. The patient was a primipara, twenty-seven years of age; the cause of collapse was an alarming hemorrhage on the ninth day. Some twenty-two ounces of water were allowed to enter the median cephalic vein through a Jennings siphon. The result was striking and convalescence speedy.

The Treatment of Diphtheria by steam from blue-gum (eucalyptus globulus) leaves is recommended by Mr. J. Murray Gibbes, of New Plymouth, N. Z., in the London Lancet. He had been experimenting for several years with eucalyptus in different diseases with good results, and being aware of its disinfecting power, he had used it in thirty-seven cases of diphtheria, during an epidemic of the disease which occurred near New Plymouth, without the loss of a single case, and without any bad symptoms, as paralysis, following. No medicine was given during the course of the treatment except a dose of castor-oil, and no stimulants were employed. The eucalyptus leaves were put into a tub, jug or chamber placed beside the bed, and boiling water poured upon them. This was repeated every half hour, so that the atmosphere was kept moist with the disinfecting steam. The throat was mopped every eight hours with a dilute solution of perchloride of iron and glycerine, and the pharynx covered with powdered sulphur. This was done in most cases, but those in which it was not carried out did equally as well. He says that an old lady, who had her throat mopped once, refused to have it done a second time, and though she had a dense patch behind and on the right tonsil, with enlarged cervical glands, and very offensive breath, she made a perfect recovery, half of the membrane coming away on the third day in pieces like grains of rice. The last cases occurred in two families where there were five children, these and the nurse were attacked, and of the number he attended the first and the last one of the children taken down, and the nurse, all of them recovering, whilst the other three, who were attended by another physician, died. He says that judging by the number of deaths among those who were treated by other means, the epidemic was a very severe one. Where only one child is sick, he recommends that a tent be formed of a sheet and spread over the bed so as to enclose the patient, and says that it is wonderful how soon the swelling and pain in the throat and fever disappear. One of the advantages he claims for the eucalyptus steam treatment is that it can be entrusted to the ordinary attendants, and mentions the fact of a farmer treating seven cases, all of which recovered, though in one of them the membrane reappeared several times for three weeks.

Acute Diabetes is a disease of rare occurrence, and one in which death results in a few days is remarkable. Such an one is reported by Mr. W. Wansbrough Jones in the London Lancet. The patient was a police constable, who had been upon the force for two years, and during that time had enjoyed good health. One evening he complained of feeling badly, but managed to get through his labors, breaking down, however, the next evening. By the second evening after, he was a little delirious, and the next day seemed weak and ill. The symptoms at that time were so obscure that the physician in attendance was unable to make out a diagnosis, though the case was carefully gone into. No urine could be obtained for examination. On the next day he was semi-comatose and collapsed to a great degree, and was admitted to the hospital in that condition. Restoratives were applied and in a short time he became sufficiently conscious to answer questions when loudly asked, and though he said that he was not in pain, very little light could be obtained from him as to his condition. The policeman who had been in attendance upon him could give very little information about him, except that he had urinated frequently during the night. An examination showed only that the skin was dry and the tongue slightly coated and dry. The temperature was normal, the pupils of moderate size, equal, and responding to light. The lungs, heart and abdomen seemed natural, and there was no œdema nor paralysis. The conclusion arrived at was that it was a case either of uræmia or diabetic coma. A catheter was passed, and about four ounces of water drawn off, after which the temperature rose, the respiration became more rapid, the coma more profound, and he died within the next hour. The temperature was 103° half an hour before death, and the same length of time after death 105°. On examination, the

urine showed a specific gravity of 1040 with a large amount of sugar and some albumen.

The Prospectus of the journal of the American Medical Associatian will be found on another page. It is understood that its editor will be Dr. N. S. Davis, of Chicago, and that the journal will be published in the same city. This adds a most important influence towards elevating the medical standard of the Mississippi Valley and of the West. But with such a trust in our hands goes also a certain responsibility. If the profession of this part of the nation are wise, they will lend their support in every possible way, not only to this, but to every other one of their respectable home journals. In no other way can the medical centers of the West hope to secure for themselves what justly belongs to them. Every year a large number of very valuable contributions produced by western men is sent to eastern journals. Clearly such a course only helps to build up the medical centers of the east, by giving to them what naturally belongs to the west. It has long been a mystery why men who could directly profit by the development of their own sections, as medical centers, are constantly adding to the attractions of distant cities, and to the advantages of those there practicing. It is not denied that whatever adds to the strength of a medical center draws patients to that center, and it follows that when a good, original contribution is sent to New York or Philadelphia, from Chicago or St. Louis, the writer by his influence sends indirectly, with that contribution, valuable professional business that would otherwise more naturally be attracted to his own field. If our medical authors would consult their own interests a little more, and be governed a little less by the traditions of the past, traditions which no longer need apply, they must certainly see that they have not properly appreciated their own opportunities. The Review is not asking for itself. It has no grievances, but it would take this occasion to ask in behalf of the new enterprise the hearty coöperation of the whole profession. The Association journal starts with fortunate prospects. Its editor has been well chosen. No man in the profession has done more honest, hard, downright telling work. He now does the profession a favor in undertaking the management of this journal. Its establishment in our midst is a compliment to ourselves. Let us deserve the compliment.

The Oxytocic Action of Quinine is said by Dr. Neil McLeod, in the British Medical Journal, to be prevented by first administering a dose of opium, morphine or chlorodyne. He reports three cases, in one of which there was facial neuralgia, for which six grains of quinine were given, but as marked uterine pains and contractions followed, it had to be discontinued. The next day three grains were given with like results, so that the drug was stopped altogether, and morphine resorted to in order to relieve the pain. In a few days quotidian ague came on, and quinine was ordered in one grain doses every hour, but when the third dose had been taken, uterine pains came on and the medicine was stopped. On the second day a hypodermic injection of a quarter of a grain of morphia was given, and afterwards ten grains of quinine without being followed by any pains. The next day the morphia injection was repeated, and the dose of quinine increased to sixteen grains, then to twenty grains, and as high as forty grains during the day, each time being preceded by the morphia, without any bad effects; but once, when the quinine was taken without it, uterine pains and contraction came on. The patient was delivered of twins at full time. In two other cases, before giving the quinine, twenty-five minims of chlorodyne were administered with the same result as when the morphia was used. He also noticed that the disagreeable feeling about the head and the tinnitus aurium, which follows the use of quinine, was much less marked when an opiate is first given.

At a Banquet given by the Loyal Legion to Gen. Sheridan, March 6th, Dr. J. Nevins Hyde recited an original poem, written especially for the occasion, which was most highly spoken of by all who were fortunate enough to have the opportunity of hearing it.

A Case of Undescended Testicles simulating obstruction of the bowel is reported in the London Lancet as under the care of Mr. Taylor. The patient, a man twenty-four years of age, and a canal boatman by occupation, had always had a swelling on the left side, over the internal abdominal ring, and had been subject to attacks of pain in it, but it had usually "gone up" after waiting awhile. One morning at half past four o'clock he was walking when he noticed that the swelling gradually became larger, and he experienced so much pain that he could hardly return to the boat. Upon reaching it he went to bed, and applied poultices to his side, but getting no relief, medical assistance was summoned. The physician thought it was a case of hernia, and tried to reduce it without success, and on the next day a second attempt at taxis was made under an anæsthetic, but it too failed. He was then admitted to the hospital, walking in a bent posture and suffering great pain. An examination showed a dense and resistant swelling about the size of a hen's egg, and somewhat reddened in the site already mentioned. He was given a hot bath, ice applied over the tumor, and later a four ounce tobacco enema was administered, but without benefit. A more careful examination showed that there was only one testicle in the scrotum, that on the same side as the swelling being absent. This threw light upon the case, and it was thought that inflammation of the testicle had occurred in the internal ring and had given rise to the symptoms of intestinal obstruction. Treatment by purgatives and enemata, with morphia hypodermically to relieve pain, and ice and soda water and milk, relieved him and the swelling disappeared.

An Epithelioma of the Cervix Uteri was removed by Dr. Godson during pregnancy without producing abortion. An account of the case was read at a meeting of the Obstetrical Society of London (London Lancet) and is as follows: The patient, aged thirty-five, had had a yellow or watery and fetid discharge for a year, and more recently hemorrhage and pain; previously her health had been good. The cervix was found to be enlarged and ulcerated, and the uterus mobile. Removal of the cervix by means of the écraseur was performed, four days after cessation of a hemorrhage which the patient thought was menstrual. Nine days a sound was introduced, and four days subsequently a fœtus of eight weeks was expelled, the abortion, it was held, being due to the introduction of the sound and not to the operation. The removal of cancerous growths was advocated at any time during pregnancy. The case, it was thought, supported the idea that cancer favored pregnancy, as the patient had not been in that condition for six years previously.

Convallaria Maialis does not fulfill all the promises made for it by those who have been so enthusiastic in commending it. Dr. B. Stilles (Wiener Med. Woch.) has treated twenty-one cases with this drug, four being cases of mitral insufficiency with aortic regurgitation, one of pure mitral regurgitation, five of regurgitant and stenotic mitral disease, four of mitral stenosis, five of weak heart with dilated left ventricle, and two cases of Graves' disease. Of the twenty-one cases, seventeen gave absolutely negative results, no effect at all on frequency or rhythm of the heart's action being produced by the convallaria. Only two of them underwent decided improvement during its use.

A Case of Boracic Acid Poisoning has been reported by Prof. Bruzelius (Hygiea, 1882, p. 557). A patient suffering from diarrhœa was given ten enemata of 1400 gr. of 4 per cent. solution of the acid; after four days he had four more. On the ninth day he suffered from congestion and irritation of nasal and pharyngeal mucous membrane. On the eleventh day the rectal temperature rose to 39°; on the twelfth it was 39.8°, and there were cephalalgia, somnolence and prostration. On the fifteenth day a well marked erythema appeared, which in three days gave place to an articaria. Even nine days after the last enema the urine contained boracic acid.

CONTRIBUTIONS.

*CHOLERA IN ARABIA IN 1882, AND THE ABOLITION OF QUARANTINE IN ENGLAND.**

We are far from the time when, advancing by short daily stages, the cholera broke out at Jessora, August 19, 1817, and invaded Moscow, September 20, 1830. A delay of thirteen years was necessary to cross over seven hundred myriametres (4,350 miles) before taking possession of the capital of the Czars. To-day the dire traveler borrows from our means of locomotion their marvellous rapidity. It ceases the steamboat and enters the railway train. It no longer requires twenty years, as in the first half of the century, to furnish the text of a mournful page in the history of each of the civilized countries. Yet a little, and it would make the tour of the world in twenty-four days, if that providence which watches over the ports of the East, in the form of the sanitary councils of Constantinople and of Egypt, did not place an obstacle to its terrible migrating instincts.

The history of the little epidemic of 1882 is a new proof of the excellence of those institutions, whose organization, it can not be too often repeated, is the work of one of our eminent compatriots and a title of honor to contemporaneous French hygiene. How can we forget it at the moment when the sanitary councils of Alexandria and Constantinople are the object of unjustifiable attacks, and when the regulations for international prophylaxis of epidemics seems to aggravate the truly too irritable nerves of some of our confreres of the English medical press? The history of the actual epidemic, and of the preventive measures which have arrested the march of the cholera toward Europe, in spite of the critical circumstances caused by political events, is the best response to these critics. It was during the last fortnight of October that the cholera epidemic broke out in Hedjaz; but the interruption of the telegraph lines in Upper Egypt retarded the transmission of sanitary warnings. M. Bimsenstein, of Alexandria, delegate to the International Council of Constantinople, was informed only October 31st, by the Austrian and English vessels, the Memphis and the Lungshan, which, having left Djeddah October 27th and 28th, arrived at Suez the 30th and 31st, and bore on their papers the following mention: "The cholera is in Mecca since October 24th." Thus forewarned, the sanitary council of Constantinople ordered, by telegraph, the placing in quarantine of the pilgrims coming from Arabia, and the execution of the regulations of 1881. El-Wedj served, starting from November 10th, for a camping place for those who returned by sea. The other pilgrims took the road through the desert and the Damascus route. Conformably to the same regulation, it was then forbidden to pilots of the company to board vessels coming from suspected ports, and which passed through the canal in quarantine. This measure is the cause of the campaign against the sanitary council of the Orient. Was this the only motive, or has this attack another object? We shall examine this question farther on. At all events, the results demonstrated the right of this regulation. From October 24th to 26th, there were eleven deaths from cholera at Mecca. The epidemic began, and the ceremonies of the pilgrimage were favorable to its rapid extension. It is in fact, as the information of the Times correspondent shows, during the sojourn of the pilgrims in the valley of Muna that the number of cholera cases became more considerable. This valley, covered with pebbles, is transformed into an immense charnel house. Each pilgrim sacrifices some victims, whose accumulated bodies soon enter into putrefaction. Thanks to the elements, there is thus created in a few hours a center of emanations most favorable for the development of infectious diseases. These sacrifices last two days. The pilgrims return then to Mecca, tarry there during ten days, perform their religious rites and visit Kasba. There are new causes of fatigue and of obstruction! They then leave the holy city to return to their own country, either directly or after a final stop at Medina. The valley of Muna is fatal to many of them. From eleven cholera deaths October 24-26, that is to say, before the sojourn in that locality, the mortality increased to forty-five on their return to Mecca. Moreover, the number of pilgrims was this year relatively small. We know that their enumeration is made very exactly at Djeddah for those who come from the Ottoman Empire, or the country around the Mediterranean. Each hadji pays, in fact, the sum of ten piastres for the expense of the management, and in exchange receives a *teskri*. Of the 22,513 teskris issued this year, 2,868 only were furnished to Mussulmen from Egypt or the Mediterranean countries; furthermore, the two caravans from Damascus and Bagdad, less numerous than former years, numbered only 4,000 individuals, so that the total of the pilgrims did not exceed 30,000. Of this number, 2,868 are actually a source of danger for occidental Europe. According to the sanitary conventions, they should tarry at El-Wedj in the first quarantine during two weeks, dating from the day when the last case of cholera has been observed. El-Wedj is a small, salubrious port, isolated, and three hundred and fifty miles distant from Djeddah and from Suez. Thence they are directed to Djebel-For, where they undergo a new quarantine of ten days. This locality is less salubrious than El-Wedj. Finally, at Suez the ships undergo a new sanitary

*L'Union Medicale Jan. 6, 1883.

inspection, and pass through the canal in quarantine. Since 1879, the vessels which bring back the pilgrims are those which have conveyed them to the Holy Place of Arabia. They receive again at Beyrout—and at Smyrna the Mussulmen from the Ottoman Empire, and at Beyrout the inhabitants of Tripoli. All are again subjected to a last quarantine in the lazarettos of these two ports. The establishment of a submarine cable between Djeddah and Souakim caused the hope of a greater rapidity in the service of sanitary notifications. Unfortunately, communication having been interrupted in the Soudan, the information has been delayed.

November 11th, a last case of cholera was observed at Djeddah, and on the 18th Nourry-Effendi, sanitary physician of Mecca, declared that during four days no new cases of cholera had been reported to him. At Camaran, Dr. Stamatiades, among four hundred and ninety-three pilgrims, had observed at that same date only a single case of cholera and twenty-two of variola. At El-Wedj no cholera existed among the nine hundred and forty-six pilgrims in quarantine, who two days before had embarked at Djeddah. The sanitary condition then is satisfactory on the coasts of the Red Sea, a maritime route probably closed to the invasion of the plague. Is it the same on the overland route? On the borders of the Persian Gulf there is less room for satisfaction. At Bassora the English steamer Kaietur, coming from Djeddah, landed six hundred and two Persian pilgrims, among whom, according to Dr. Parnaki, sanitary physician of the first of these cities, seven deaths occurred during the voyage and another after the landing. Although the local physicians attributed these deaths to variola, the sanitary council of Constantinople nevertheless has directed Dr. Zitteris, commissioned inspector at Bagdad, to superintend the burning of the luggage of the patients, probably cholera patients, and the isolation of the lazaretto by means of a cordon of soldiers. At the same time a rigorous quarantine will be imposed upon the caravans by land. Finally, in order to complete this sum of measures, a watch is kept for forty-eight hours on every vessel which comes from the Red Sea to enter the Suez Canal. Thus far these precautions have given satisfactory results. The efficacy of the work of M. M. Fauvel, Proust, and the members of the conference of Constantinople and Vienna, is then again demonstrated once more. However, our neighbors of Great Britain and Ireland, whose mind is disturbed much more, it appears, by the night-mare of the red pantaloons entering England by the future submarine tunnel than by the fear of cholera, demand, in the name of the interests of the merchants of *the* city, the abolition of these measures for forewarning, and the whole quarantine. The motives for this campaign against quarantines are of divers nature. But laying aside the unexpressed arguments, strategic perhaps, commercial certainly, of which the perspicucious Albin never loses sight, let us consider only the scientific reasons which the English anti-contagionists invoke. They pretend that the sanitary councils are useless, in so far as they are charged with sanitary regulation. Of what good, moreover, are quarantines, isolation, the lazarettos and other measures of another age? The contagiousness of cholera is not demonstrated, they say. In 1849, in the hospitals of London and Oxford; in 1866, in those of Middlesex and St. Bartholomew, no member of hospital attendants, no one of the individuals charged with washing the clothing of the patients, was attacked. At Guy's hospital, of ninety-four persons connected with the hospital only one succumbed to the cholera!

So be it! We shall not contest these facts. It is useless to open anew a discussion proposed and happily settled by the high authority of wise hygienists. That contagion, as our arguers in the British Medical Journal understand it, that is to say, the transmission by contact or by inoculation, is not demonstrated, matters little. It is none the less proved that the transmissibility of cholera exists in other ways. Moreover, it does not suffice to present negative facts, but it is necessary also to refute the positive observations of Velpeau, Briquet, Roche and so many other eminent physicians. The proofs of the transmissibility of cholera by the external media, the migration of the disease with the crowds of pilgrims, and that formation of veritable traveling centers, existed once more by the epidemic of 1882. Since the epoch when the International Conference assembled at Vienna, no new discovery has modified by facts the generally received doctrines. On the contrary, if bacteria or microphytes should be introduced into this pathogenic question, it would result that the contemporaneous theory of contagions would be wholly in favor of such preventive sanitary legislation as has been established in the Orient. We shall not follow our confreres of the English press to the Island of Jamaica, and still less to the Bahama Islands, in their retrospective excursions through the history of epidemics in these countries. As to undertaking the tour of the East Indies, it is useless to discuss the facts of which the hospital of Calcutta was the scene in 1827, and where, they say, no physician and no nurse was the victim of the disease. We shall most gladly accompany our English confreres to the banks of the Ganges and the Sind, if they would make wonder at the great and lasting improvement of the social, moral and telluric conditions of the natives of Southern Asia. We might hope then, if not for the extinction, at least for the attenuation of these al-

ways active centers of cholera. Then, perhaps, the sanitary measures might be less severe, and no longer, as to-day, delay for several days, to the great inconvenience of the merchants of *the* city, the arrival of the cargoes of tea. Then, doubtless, the suppression of quarantines and sanitary councils of the Orient would no more expose Europe and African France especially to become a field of death by cholera, more melancholy, and assuredly more desolate than that of Tel-el-Kébir. Aside from the question of political control, there is at the foot of the pyramids a question not less important, that of international sanitary control. Let our diplomats defend the work of the conferences of Vienna and Constantinople, and not sacrifice to special interests the admirable and fruitful organization for sanitary prophylaxis at the ports of the Orient.

A NEW METHOD OF TREATMENT FOR FRACTURES OF THE THIGH OR LEG.

BY M. P. FINNEGAN.

I offer the following method of treating fractures of the thigh or leg to the consideration of the profession, trusting alone to its merits and rationality for a favorable opinion. In the treatment of fractures, the end for which all surgeons strive is perfect union without deformity, especially in the long bones of the lower extremities, and for the accomplishment of this object various plans and instruments have been devised, some of them rational, others irrational and barbarous; some have merited the confidence and endorsement they have received, others have been justly rejected. The apparatus which I have used, and which I have found to give the best results, is simple and easily applied, and consists of a leather cuirass and an elastic extension, and may be described as follows: It is a cuirass or a pair of breeches made of sole leather, hemlock is the best, the waist of which reaches to the axilla and the leg to the malleoli. It should be open in front and have an opening made behind through which the calls of nature may be attended to. It should only be large enough to surround the body and limbs when moulded to them. The leg of the cuirass which is to surround the broken limb should be provided with two strips of wood about one and a quarter inches wide, in each of which there should be two holes, one at the lower end and the other three or four inches above. These strips should reach from the condyles of the femur to four or five inches beyond the sole of the foot, and should be fastened to the leg of the cuirass on each side of the limb by loops or rivets, and in the line of the condyles and malleoli. After the cuirass has been cut to the proper size and shape, it is to be soaked in water until it has become quite pliable, and should then be moulded on some one about the size of the patient and secured in place by a roller bandage until it has dried, which will not take long. It should then be examined to see that there are no sharp points which might produce undue pressure on any part, and should then be well padded with cotton batting or an old blanket. After the fracture has been reduced, which should preferably be done under chloroform, the parts are to be held in position by an assistant, and two strips of good strong adhesive plaster an inch and a half to two inches wide should be applied to the leg from the site of the fracture to the malleoli, and should be retained in position by a bandage; loops also should be formed at the lower end of these strips and left free. The patient is then placed in the cuirass, which can be made to fit the limb quite snugly by straps and buckles or a roller bandage. Care should be taken that the ankle is surrounded by a sufficient amount of batting to prevent the straps from pressing upon the malleoli. A piece of India rubber tubing should be passed through the loops of the plaster and over the cross piece which is fitted in the lower holes in the slats. The surgeon must judge of the amount of extension necessary in each case. A foot piece can now be adjusted for the foot to rest against. In cases of compound fracture a hole should be cut in the cuirass over the wound, which may then be dressed without disturbing the fracture. After pretty firm bony union has taken place, the plaster of paris bandage may take the place of the cuirass. Since adopting this method I have treated by it seven cases of fracture of the leg and thigh, three of the latter and four of the former, two of which were compound. The result in each case was perfect, except in one of the cases of compound fracture, where there was three-fourths of an inch shortening. I am not aware that this plan of treating these fractures has been proposed by any one, the only one that I can find which has any of its principles being the method of Prof. Hamilton, who uses two long axillary splints. I believe the wire cuirass may be made to serve the same purpose as the leather, but I would recommend that the elastic extension be used in place of the unyielding screw at the foot. For the country practitioner who, cannot procure the more expensive appliances, the leather cuirass will be at once a cheap and reliable apparatus for treating these fractures, and with a little ingenuity on his part and a plentiful use of batting he can meet the wants of almost every case.

EUROPEAN TRAVEL.—Persons contemplating a trip to Europe, or any other part of the Globe, either alone or with excursion parties, will find it to their advantage to investigate the numerous facilities offered by THOS. COOK & SON, the renowned Excursion Managers, of 261 Broadway, New York. Full particulars fo their arrangements will be mailed free, on application, to any one interested.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

At the regular meeting, March 5th, Dr. D. W. Graham in the chair *pro temp.*, Dr. Chas. W. Purdy read a second paper on "Bright's Disease," in which he dealt especially with its pathology, of which the following is an abstract:

Our knoweldge of the pathological conditions present in the various forms of renal disease has advanced considerably in the past few years, but the changes which the kidneys suffer are still obscure in some forms of disease.

The abnormal conditions of the urinary secretion accompanying the different conditions were briefly reviewed. Attention was called to the urine in parenchymatous nephritis, a condition in which the crystalloids of the blood only are discoverable, and which is a pre-albuminuric stage; and it would seem that, at least in some cases, the sapphire blue imparted to urine by its admixture with tr. guaiac and ozonic ether declares the presence of those elements of the blood before the less fluent albumen has been able to traverse the coats of the vessels—a valuable and early diagnostic sign of renal disease well worth remembering. Of the changes in the tissues outside the kidneys, the most important are: thickening and subsequent degeneration of the muscular coats of the arteries, left cardiac hypertrophy in chronic renal disease, but especially also in fibrous retinal changes, viz., fatty degeneration and varicosities of nerve fibers and minute hemorrhages into the retina. The visual disorders dependent upon the above condition are not to be confounded with uremic amaurosis, a temporary functional disturbance of rapid development and without anatomical lesions. The cardiac hypertrophy, so frequent in advanced renal disease, but most marked and occurring oftenest and earliest in renal fibrosis, is a result of diminished elasticity in the arteries, and consequent increased resistance in the ventricular systole. The theory that increased resistance is due to the presence in the blood of effete matters preventing its ready passage through the vessels is untenable, for these effete products are normally present in the blood in small quantities, and in nephritis the retention of waste products is greater and begins earlier than in fibrosis, but it is in fibrosis that cardiac hypertrophy is most frequently present.

As accuracy in observing and recording pathological changes increases, the frequency of cardiac hypertrophy in uncomplicated nephritis will decrease.

Dr. Summers, of Nashville, Prof. of Physiology in University of Tennessee, was present, and was invited to speak. He thought the primary cause of nephritis was to be found in an abnormal condition of the blood, viz., an increased alkalinity, which dissolved the albumen, which should be normally in a state of suspension. The albumen in this changed condition is subject to osmosis, thus finding its way into the urine, clogging the kidney, preventing the secretion of the normal constituents. Bright's disease is then, in its early stages at least, merely a symptom of a deranged condition of the blood. The indications for treatment are to reduce this alkalinity; this can be accomplished by administration of phosphoric acid, and when the treatment is begun in the earliest stages it is a very effectual remedy.

Dr. Fenn exhibited a kidney holding a large calculus in its pelvis. Mrs. K., æt 60, general health poor for a good many years, had long been subject to attacks of colic and of dysuria. Autopsy: Lungs contain a few small calcareous concretions, liver enlarged, gall bladder distended, and ductus choledochus obstructed by impacted gall stones. Left kidney normal; right kidney, upper part, was the seat of an abscess, capacity about ℥iii, whole organ atrophied; pelvis held a calculus about one and a half by three-fourths inches in size, occluding the orifice of the ureter.

Dr. E. Andrews read a short paper—"Mechanism of a Case of Dislocated Patella, with the Bone Standing on its Edge," in which he reported the following case: Patient had his leg crushed under the wheels of a loaded freight car, producing a compound comminuted fracture of tibia and fibula. Injured limb was amputated, and dissection of joint showed the patella pushed outwards beyond the articular surface of femur, its inner border resting against the outer surface of the external condyle, and lodged in a small depression, one inch by five-eighths of an inch, formed by the crushing in of the shell and spongy portion of the condyle. Its front and back surfaces presented nearly in the normal directions. The bone was held firmly in this position by the attached muscles and tendons.

ST. LOUIS MEDICAL SOCIETY.

Saturday, March 3, 1883.

The Vice-President, Dr. Dudley, in the chair.

Dr. Williams presented a lady with an orbital tumor. Eight years ago there was a sudden pain in the orbit, a swelling gradually made its appearance, and this appeared and disappeared at intervals. The inflammatory appearance is of very recent date; it is now in the worst condition ever seen. Dr. W. is satisfied that it is a cyst of the orbit, and the diagnosis is the important point here. He calls it a cyst for three reasons: 1. The tumor fluctuates. 2. The tumor comes and goes;

and 3. It has already been opened and its contents discharged in the form of a thick, viscid albuminoid substance. The prognosis is favorable, although there is some risk in the operation, which will be to open the sac freely and keep it open, washing out its contents and letting the sac close up from the bottom. In this case the eye-ball is pressed out of position forwards and downwards, but is in good condition. Dr. W. requested that others examine the case and state if they differed from him in the diagnosis.

Dr. Pollak thought that this was an encysted tumor—chalazion—having very tough, fibrous walls and containing fluid. If Dr. W. succeeds in obliterating the sac, the patient will get well.

Dr. Bernays saw the patient a year ago; at that time the globe was much less depressed and it looked like exophthalmos. The tumor starts back in the orbit and is a glioma or myxoma. The proper thing now is to clean out the orbit and remove the parts of bone from which the neoplasm started. A radical operation is now necessary.

Dr. Dickinson did not regard it as a glioma; the history and progress of the case did not indicate this. There is no risk in opening the sac and finding what it is.

Dr. Pollak asked Dr. Bernays if he ever saw a glioma and sight present in an eye?

Dr. Bernays replied that he had, the glioma being attached to the adventitious sheath of the optic nerve.

Dr. Williams stated that he proposed to open the cyst and stitch its walls to the edges of the cut skin, and allow free discharge from and medication of the cyst cavity. He was still of the opinion that the tnmor was not malignant.

Dr. Mulhall related the histories of two cases of hemoptysis and epistaxis dependent upon malaria. One, a lady, was spitting up blood for four or five months, the quantity small, her nose also bleeding or rather the blood oozing, bilaterally. She had acquired tertian ague in 1879, which was broken, but relapsed into chronic malaria. She came for treatment in 1882. No lung trouble. She was given anti-malarial treatment, recovered her health and the hemorrhages disappeared. In the second case, a fireman, the nose had bled for six months. He applied May 25, 1882. Family and personal history was good. The skin had a number of ecchymoses upon it, which were produced by slight injuries. Had quotidian ague, which relapsed into chronic malaria. He also passed blood by the bowels; the urine was normal. Anti-malarial treatment caused the hemorrhages to cease. Two weeks since he came back with nose bleed and also bleeding from the gums. There were numerous punctiform hemorrhagic spots upon the hard and soft palate. He had gotten the ague again. Dr. Stephen MacKenzie, in the *Med. Times and Gazette*, 1877, records cases of retinal and other hemorrhages dependent upon ague.

Dr. A. Green had seen hemorrhage of mucous membranes caused by malaria, and treated them accordingly with success.

Dr. Bernays thought that we are so situated as to be able to see if malaria cannot awaken the hemorrhagic diathesis.

Dr. Atwood thought that any one who had practiced in this part of the country would have known this, being also seen in typhus, plague, cholera, lightning stroke, ligation of the vagus in inferior animals and being dependent upon the exudation of blood (deprived of its power of coagulating) through the walls of the blood vessels. Epistaxis is the most ordinary form and almost always found in connection with ague-cake.

Dr. Fairbrother inclined to the opinion that malaria diminishes the tendency to hemorrhages. It is a common thing to observe a cessation of menstruation and of uterine hemorrhage when malarial poisoning occurs.

Dr. Scott had a case of typho-malaria in a young man, who, on the 27th day, had an enormous hemorrhage from the bowels. He gave ergot and iron and it ceased, but slight epistaxis occurred. Blebs containing blood appeared, the conjunctivæ were spotted and petechiæ on the abdomen. He gave turpentine in increased doses, with a supporting diet, and the case recovered. In two other cases, one a young man having hemorrhage from the bowels and epistaxis, the other an old man with hemorrhage from the bowels, turpentine was given and they recovered. In Dr. S.'s opinion the hemorrhage in all these cases was dependent upon malaria.

MILWAUKEE COUNTY MEDICAL SOCIETY.

Regular meeting March 6, 1883—Dr. Wm. Fox, Pres., in the chair.

Minutes of last meeting read and approved.

Dr. Frank read the paper for the evening, on "Angeiomata and Their Treatment." He divided these tumors into three classes: I. Telangiectasis. II. Nævus vascularis. III. Tumor cavernosus.

He touched lightly on the history of telangiectases, and gave the localities in which they most frequently appear, mentioning particularly their frequence in the neighborhood of scars. They occur seldom before puberty, and are rarely of sufficient moment to require operation for their removal.

In regard to nævus vasculosus, he considered it to be usually a congenital condition, those cases

not noticeable at birth usually making themselves manifest shortly, after as the circulation becomes established—the varying characteristics of these tumors, as to color or elevation, smoothness or nodulation, depending on their locality and the tissues involved, whether arterial, venous, or capillary, connective tissue or fat, or the deeper or more superficial layers of the skin. Sudden changes in color of these tumors are due to variations of blood-pressure, or to circulatory conditions. Variations in permanent color are due to the amount of pigmentary deposit in and around them. Pulsating tumors are of the arterial variety usually, or in the tissues directly overlying a large artery. The name angio-elephantiasis is applied to the condition when there is hyper-nutrition of the skin and hypertrophy of its various portions.

Tumor cavernosus differs from the other two forms in that the tumor lies under the skin in the subcutaneous areola tissue, and in that the tissue formed is of a reticular character, furnishing in the inter-spaces channels through which the blood-vessels freely anastamose. This form of angiomata are often of large surface, slightly elevated, and of a doughy feel and deepened color. Dr. Frank gave a synopsis of the theories advanced by Virchow, Rokitansky and Rindfleisch in regard to the histology and pathology of these tumors, and then referred to treatment.

Treatment of telangiectases was rather uncalled for in most cases. In regard to the other two forms, excision was considered advisable in those cases when the tumor was small or small and pigmented. Parallel scarification, after the manner of Squire, with Squire's knife, or pricking with hot needles, or needles dipped in strong carbolic or chromic acid, by means of Piffard's or Schoenvell's cutipunctors, is often of great value in the superficial forms of the tumor, as the "wine mark."

The object in treatment of deep-seated nævi is to cut off circulation to the part, and this can be best accomplished by means of circular ligation under two or more pins thrust through the tissues and emerging at the border of the tumor, or by means of a wire passed subcutaneously around the nævus, and so arranged with a metal or gutta percha disk as to be capable of being tightened. Dr. Frank considered the method of treatment by injection of astringent or coagulating fluids to be too dangerous from the risk incurred of thrombosis or of pyæmia. He had seen good results from the use of electrolysis, using needles as reophores introduced into the tumors, although he thought there might be danger of thrombi from passage into the circulation of portions of the coagulum formed about the positive needle.

Dr. Dorland reported a case of arterial nævus, occurring in the mouth, treated by means of the thermo cautery, with cure after two operations. He thought the subcutaneous wire too painful a means of treatment.

Dr. Kasten had used the French paste as a cauterizing agent in a case of diffuse nævus, occurring on the shoulder-blade, with good result, but thought the scar resulting from this method of treatment to be too marked to permit its use upon any exposed part.

Dr. Senn considered the subcutaneous galvano-caustic wire to be the best means for treatment of the deeper forms of the disease. As a means for preventing hemorrhage during operation he advised the use of the Esmarch bandage when practicable, or of deeply inserted pins on either side of the tumor, with ligatures over them, or when there was hemorrhage while cutting, each bleeding point should be tied as cut. He reported a case in the clavicular region (in a child six weeks old) which was as large as a large orange, of the arterial variety, upon which no operation was considered advisable.

Dr. Frank reported a case occurring on the chin, to cure which the common carotid on that side was tied.

Discussion declared closed.

Dr. Senn exhibited a case of recurrence of osteomyalitis ten years after an acute general osteomyalitis, in a man of good, non-specific history, the head of left humerus being the seat of the disease. Operated upon by subcutaneous puncture of bone to relieve tension with most satisfactory results.

Dr. Kasten opened discussion upon cervical lacerations, in which the Society joined informally.

Dr. French reported a case operated upon by him, to relieve a severe series of hysterical symptoms, with the happiest results. The general opinion of the members of the Society seemed to be that the operation was a legitimate one, and was most beneficial in many cases, in that the irritating cicatricial lugs were removed, and that many endo-cervical catarrhs were relieved by it, but that it was too often done; that often its good effects were the result of psychical rather than physical impression on the patient, and that a lacerated cervix rather facilitated than hindered conception.

Dr. Senn exhibited a femur with a disarranged head and neck, supposed to be resultant from an intracapsular fracture of the neck, but from the appearance of the callous, the oblong or rather oval shape of the head, and the depth and character of the fossa for the attachment of the ligamentum teres, he considered it a specimen showing result of recovery from senile panarthirtis or

coxitis. The specimen was from the dissecting room of one of the Chicago medical colleges, and no history of the case could be obtained.

Society adjourned to meet again on March 20th.

H. M. Brown, Sec'y.

SELECTIONS.

CASE OF LABOR COMPLICATED BY CICATRICIAL OCCLUSION OF VAGINA.

BY J. A. MANSELL-MOULLIN, M.B., M.R.C.P.

[Assistant Physician to the Hospital for Women, London.]

Mrs. M., aged forty-two, a thin spare woman, came to consult me on account of the gradually increasing size of her abdomen, fearing that she might have a tumor, and thinking that, for certain reasons, anything else was out of the question. The menses had appeared for the first time at the age of eighteen, and had then been absent for a year; they had never been regular. The patient had given birth to three children, the youngest of whom was thirteen and a half years old. Considerable difficulty had attended the last confinement, which was conducted by a midwife. According to the patient's account, the child was a very large one, and the midwife failed to extract the shoulders for two hours after the head had been born. *Post partum* hæmorrhage had been severe, and colored discharge persisted for five weeks.

Since that time, her general health had been very good, but the catamenia only made their appearance two or three times in the course of the year, although the menstrual molimina were more frequent. When the catamenia were present, the discharge was very dark in color, profuse, and continued for about ten days. The last period had occurred five months previous to my seeing her.

On examination, pregnancy between the fourth and fifth month was diagnosed without difficulty; the fœtal heart-sounds were plainly audible. On bimanual examination, the vagina was found to be completely occluded; the finger passed into a *cul-de-sac* about an inch and a half in depth, and not the smallest orifice could be detected either by the finger or with the aid of the speculum. The roof of the vagina was perfectly soft; there was no bulging or tumor, and I decided to let matters rest.

Labor took place at the full term; and I was somewhat relieved to find, on examination, that the stricture had yielded somewhat during the process, and would just admit the tip of the finger; and further, that it was a foot presentation. Three or four small incisions in the sharp margin of the stricture materially assisted the dilatation, and the presence of the hand in the vagina set up strong uterine action. The child was then delivered without difficulty, the patient declining any anæsthetic.

Some slight *post partum* hæmorrhage followed. This was found to proceed from a small vessel in the torn cicatricial tissue, and was easily checked by the application of a little tinct. ferri perchlor, on a small pledget of cotton-wood. A large fibroid tumor was then discovered to occupy the posterior wall of the uterus.

Convalesence was uninterrupted. The vagina was syringed out daily three or four times with solution of permanganate of potash. No rise of temperature occurred. There was no fulness of the breasts, nor formation of milk.

Three months subsequently, the patient came to see me. I found, on examination, that the fibroid had entirely disappeared, and the uterus had returned to its normal size. The annular stricture in the vagina was again closing, and would only just allow the point of the finger to pass. The menses had not returned.

This case is of some interest in showing under what adverse circumstances conception will sometimes take place. I imagine the explanation of the case to be that the menstrual fluid was retained above the stricture until a sufficient amount had been collected to put the parts upon the stretch, and so cause slight dilatation, and then followed the profuse dark discharge which appeared at intervals of five or six months. Conception accidentally occurred immediately after one of these discharges. The menstrual molimina took place with more or less regularity in the intervals between the discharges, and it is somewhat astonishing that no greater inconvenience was occasioned necessitating medical interference.

THE OCEAN-CURE FOR PHTHISIS.

BY JOHN C. THOROWGOOD.

Although "the benefits of a sea-voyage, in certain forms of phthisis, are so well known that it is needless to enlarge upon them" (British Medical Journal), yet a short account of one from among several illustrative cases of which I have notes may be interesting and encouraging.

On September 24th, 1878, Miss F., aged seventeen, was seen by me in consequence of weakness after an attack of left-sided pleurisy. The respiratory murmur was very feeble at the left base; a few crepitating sounds were heard; and over the seat of the pulmonary valves there was a very distinct systolic murmur. The patient made very slow progress, but derived some benefit from a prolonged stay at Torquay, and subsequently at Ilfracombe, gaining some of the flesh she had lost. A note on March 14th, 1881, says: "Not much cough; pulse 84; slight dyspnœa on exertion. Left lower third of chest dull, and crepitant *rales* are audible over this part of the chest. The systolic murmur over

the pulmonary valves is very distinct." On this occasion I had the advantage of the opinion of Dr. Cayley, who confirmed the diagnosis as just given. Of the numerous remedies, such as iron, alkaline hypophosphites, mineral acids, etc., that had been steadily tried, none seemed to have done any material good; and, in June, I recommended a sea voyage by a sailing vessel to Melbourne and back. At this time the pulse had risen to 100, and there was a husky cough every morning. The right lung seemed sound, but there was much crepitant *rale* over the left. The patient was happily in a condition to secure for herself and her mother first-rate cabin accommodation on board the *Sobraon*, a ship that, in my experience, has carried more than one consumptive invalid into a state of renewed health and vigor.

My patient sailed in September, 1881. On June 7th, 1882, I again saw her, looking robust and strong. There was scarcely a trace of dulness over the left chest; no cardiac murmur to be detected; no cough or expectoration; and, beyond weak breath-sound generally over the left side, no sign of any pulmonary unsoundness. I had given her a letter for the ship's doctor, but she did not feel to need any medical aid either going or coming home; and she has, to the best of my belief, retained the health thus restored.

Of the general arrangements and manner of living on ship-board the patient spoke most highly, and expressed her perfect readiness to make the same voyage in the same ship, should such a step be needful.

The caution that has been impressed upon me by ship surgeons who have made the voyage to Australia and back with consumptive invalids is, Do not wait too long. If the patient is to go, let it be done at once, before the lungs are gone into cavities. The observant chief officer of the *Sobraon* impressed this same caution upon me and my friend Dr. Eustace Smith when he was showing us over the ship shortly before she sailed.

COMMUNICATION.

JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION.

The Board of Trustees appointed at the last annual meeting of the American Medical Association, charged with the duty of agreeing upon the plan of a weekly medical journal, to take the place of the annual volume of Transactions, and to ascertain how far pledges for its pecuniary support could be obtained from the profession, held a regular meeting in Chicago, on the 17th day of January, 1883. A majority of the members of the Board were present, and communications relating to the more important questions to be discussed were received from all the members not present. The President of the Board reported that he had caused the printing and careful distribution to members of the Association, and the profession at large, of 40,000 copies of the programme agreed upon for the proposed journal, accompanied by an equal number of pledges to be signed, and directed envelopes, in which to return them. He also reported the total number of pledges received in return, and the number from each State, with such other details as would enable the members of the Board to judge accurately concerning the value of the results. Full estimates of the cost of publishing the proposed journal had also been obtained from reliable printing houses in four of the principal cities, and were also submitted to the Board After a full examination of the whole subject, it was unanimously decided that the Board should report to the next meeting of the Association in favor of the establishment of the proposed journal Steps were also taken to have all the preliminary arrangements so far matured that the first issue of the journal could be made within thirty days after the next meeting, provided the Association should adopt the recommendation of the Board.

But, while the members of the Board of Trustees were thus satisfied that the present number of returned pledges afforded a safe basis on which to commence the journal form of publication by the Association, they deemed it very desirable that, at least, five hundred more should be added to the list before the time for making their report, that there might be no reason for doubt or hesitation on the part of the Association, when it should be called upon to take final action on the subject.

They therefore directed the foregoing statement to be made to the profession through the medica periodicals, accompanied by the earnest request that those members of the profession who are willing to support the journal, and have not already returned pledges to that effect, would do so by indicating their wish on a postal card addressed to the undersigned, with as little delay as possible.

To those not members of the Association, the subscription price will be the same as the annual dues of members, $5,00, payable on the receipt of the first number of the Journal. Of course the pledges are construed as binding for only one year.

That those who have not seen the circular sent out by the Board, may judge somewhat concerning the scope of the proposed journal, the following is copied from the said circular:

"The journal is to be under the control of the Association, through its trustees, and to be issued and supplied in place of its annual volume of transactions. It will be known as the JOURNAL OF

THE AMERICAN MEDICAL ASSOCIATION. The trustees will, if they receive a sufficient number of subscriptions, feel justified in recommending to the Association the propriety of the change, and the adoption of the following plan: To issue a weekly journal, each number to contain thirty-two double-column pages of reading matter, and which shall embrace the following departments:

First. "Original Papers, Addresses, Reports, and so forth. This will include all the papers read before the Association, and its sections, which are referred for publication.

Second. "Leading Editorials on the Scientific, Educational, Social, Sanitary, Ethical and other interests of the profession.

Third. "Editorial Summary of progress in the several departments of medicine, and the collateral sciences, including reviews of new books.

Fourth. "Notices of the proceedings of Medical and Scientific Societies throughout the country.

Fifth. "Correspondence, Domestic and Foreign.

Sixth. "American Medical Association Intelligence.

Seventh. "Miscellaneous Medical News.

"Through the medium of such a journal, the proceedings and papers of the Association will reach the members much earlier each year, and by its frequent visits, and its large amount of additional matter of value, it will maintain a much more active interest on the part of the entire membership; while its notices of the proceedings of the several State societies will tend to bring those societies into closer relationship with the national societies, and thereby greatly aid in the extension and usefulness of the social organizations of the whole profession."

All pledges or promises of subscription should be sent to the undersigned address:

N. S. DAVIS, M. D.,
Jan. 25, 1883. 65 Randolph St., Chicago, Ills.

CIRRHOSIS OF THE LIVER is treated by Prof. Erries De Renzi, of Genoa, by the use of a strict milk diet. Consisting in a chronic inflammation of the connective tissue of the liver, which causes the disappearance of its parenchyma, stasis in the vessels of the spleen (splenic tumor), in the vessels of the intestines (gastro-intestinal catarrh and hemorrhoids), and in the vessels of the peritoneum leading to ascites, it has been generally regarded as incurable. Yet Prof. Renzi has treated several cases of this sort by a rigid milk diet, with entire relief of the distressing symptoms and apparent cure of the disease.

RECTAL ALIMENTATION is best carried out by means of the following preparation, which is suggested by Prof. James Tyson: One-half pound of fresh pancreas is to be well minced, pulpified in a mortar with water at 100° F., strained through a cloth, and then mixed thoroughly with one and a half pounds of minced lean beef and the yolk of an egg. After standing for two hours, one-half the quantity may be administered, as one enema. It must all be prepared fresh each day, as it will not keep.

FATAL IMPACTION of the bowels from an inordinate quantity of cheese, eaten while riding from town in a heavy jolting farm wagon, is reported by Dr. C. H. Miller in the Southern Clinic. The patient was a Russian farmer, and at the time when the doctor was called to him was already in such a state of advanced peritonitis, that it was not deemed advisable to undertake any surgical operation for his relief, but the fact that he lived for forty-eight hours longer makes it appear that an operation would have been warranted.

SEVERAL MEDICAL CHARITIES receive liberal bequests in the will of the late Ex-Governer E. D. Morgan, of New York. Among them were the following: To the Women's Hospital, $25,000; Home for Incurables, $5,000; Home of Rest for Consumptives, $5,000; Society for the Relief of Sick Poor, $5,000; Manhattan Eye and Ear Hospital, $50,000; Presbyterian Hospital, $50,000; Society for the Relief of Ruptured and Crippled, $20,000.

INOCULATON OF SYPHILIS upon the lower animals has generally been unsuccessful, but M. Martineau (Gaz. des Hôp.) has succeeded in inoculating a monkey with the serous fluid from a syphilitic chancre. The inoculation was made upon the monkey's penis, and twenty-eight days afterwards two indurated chancres were found at the point of inoculation, and a few days later there was discovered an indolent enlargement of the inguinal glands.

The Weekly Medical Review.

Vol. VII. No. 9. CHICAGO AND ST. LOUIS, MARCH 17, 1883. Terms: $3.00 a Year.

Ligation of the Vertebral Arteries for the relief of epilepsy was performed by Mr. W. Dunnett Spanton (British Medical Journal) on a patient aged eleven years, who had suffered from the disease from childhood, beginning with dentition. The seizures were of true epileptic character, always followed by drowsiness and mental confusion, and had increased in frequency until there were as many as seven a day. Under the influence of chloroform the left vertebral artery was ligated in the suboccipital triangle, where it turns around the transverse process of the axis, a chromic catgut ligature being used. The wound was closed with three silk-worm gut sutures, a horsehair drain inserted, and the parts covered with eucalyptus gauze dressings. On the two succeeding days he had two fits, but for a month afterwards he was free from them. Through indulgence in improper food, sweets and cheese, they recurred, and in nine days he had twenty-five. It was then determined to ligate the right vertebral, which was done without difficulty. He passed a restless night, with pain at the epigastrium, having four fits, the temperature being 101.6° and the pulse 120. On the fourth day after the operation he had only one fit, but complained of pain on the right side of the abdomen. The temperature, which was 104° early in the morning, sank to 98.4°, and in the afternoon rose to 107.4° when he became restless, and had sharp pain in the penis, but without priapism. The breathing was rapid and superficial. Cold sponging was ordered, and four grains of quinine every half hour, but he had only four powders, as they produced vomiting. The temperature shortly afterwards fell to 103.6°, and later in the night to 98°. In the course of the evening he had a fit, remaining very quiet and drowsy afterwards. The next morning hemorrhage to the amount of more than three ounces took place from the wound, but after the dressings were removed, it stopped. A sponge soaked in iced carbolic water was then bound tightly over the parts, and no further bleeding occurred. There was improvement for a fortnight, when signs of pneumonia appeared in both apices, with bloody sputa. There was dulness on percussion and coarse crepitation on the right side in the upper lobe of the lung, and pain extending down the right side. The next morning he coughed up about an ounce of bright blood, and three hours later hemorrhage to the amount of five or six ounces took place. He gradually sank, and died on the day following. The autopsy showed a fibrinous clot about the size of a nutmeg in the subclavian triangle, which being removed, a small opening in the vertebral artery above the point of ligature was disclosed. Over this opening a knot of the catgut was lying, which was thought to have eroded the artery. Below this, a more recent coagulum was seen, which passed under the clavicle and pushed the apex of the lung downwards and forwards, and at one point communicated with it.

Mr. Lawson Tait, of Birmingham, who has so often impressed the surgical world as a brilliant and daring operator, has very recently published in the Br. Med. Jour. (Feb. 17, 1883), a series of two hundred and eight consecutive cases of abdominal section, with results that can only add to his well-earned reputation. Among his cases were the following: Thirteen exploratory incisions without a death; twenty operations for pyo-salpinx equally happy. Two each of hepatotomy for hydatids, of hydatids of peritoneum, of chlolecystotomy for gall stone, all six recovered. One nephrotomy and one nephrectomy, both

successful. Ten hysterectomies with but two deaths. Abdomen opened seven times for pelvic abscess and drained, and four times for *chronic peritonitis*, and no death. Altogether, of the whole number, only sixteen died; an astonishingly small mortality of 7. 7 per cent. In the course of his paper Tait has this to say about the topic of the day: "The question of Listerism has occupied a part of every paper I have read on abdominal surgery for the last six years, and I hoped that this year I should escape it; for, after trying it thoroughly, and after having seen it practised by many others, I have for now nearly three years entirely discarded it, as a source of no safety in abdominal surgery, but even of considerable risk." And again, in discussing a matter of controversy between himself and Knowsley Thornton, he says: "It is an open secret that the carbolic acid has caused him trouble, and he (Thornton) has operated, for some time, with a mask of cotton wool over his face on this account. There are five men in this country largely engaged in the practice of abdominal section—Mr. Wells, Dr. Bantock, Dr. Savage, Mr. Thornton and myself, and of these three condemn Listerism, one speaks doubtfully about it, and only one supports it."

But much more important than all this are Mr. Tait's achievements in opening the abdomen for peritonitis. He says: "The group of cases of which I should like to speak somewhat in detail are those in which I have performed abdominal section on account of peritonitis, have cleared out the abdomen and have drained it for a time." Of nine such cases all recovered "I opened the abdomen of a lady on account of acute peritonitis, and found its cause to be acute suppuration of the Fallopian tubes. She recovered completely, and is now in excellent health."

Quoting from a former paper of his, he says: "So satisfied have I been with results in these cases, that the next case of peritonitis to which I am called, of whatever sort it be—even puerperal—I shall advise and perform, if allowed, abdominal section, shall cleanse out the cavity and drain it, and if the operation be not deferred till the patients are moribund, I believe this treatment will prove eminently successful. Our views of peritonitis will, I am sure, soon undergo an immense alteration. * * In future, we shall treat the peritoneum on the same principle as we treat other suppurating cavities, and with quite as secure results." "This is the kind of operation which would have been regarded as madness about five years ago, but I think its success is enough to justify my rule concerning all these cases — 'when the doctor is in doubt, and the patient in danger, make an exploratory incision, and deal with what you find as best you can.'"

Cardiac Aspiration was unintentionally performed at the Bellevue Hospital and reported by Dr. F. M. Corwin (Medical Record) on a patient who had a deformed chest with lateral curvature of the spine. There was cyanosis of the face, lips and hands; the respirations were frequent and labored; the pulse was 120 and irregular, and there was œdema of the lower extremities. Physical examination showed numerous subcrepitant râles and pleuritic crepitations over both lungs, with upward displacement of the heart, the apex beat being an inch or more above the left nipple and the impulse diffused. There was thought to be enlargement of the organ, but owing to the deformity of the chest, and displacement of other viscera, it could not certainly be made out. The sounds were distinctly heard, and there was no murmur. The urine was scanty, with a specific gravity of 1015, acid, and containing ten per cent of albumen, and showing hyaline casts. The next day the question of hydropericardium being raised, the needle of a veterinary hypodermic syringe was introduced at a point where there was dulness on percussion and little or no apparent motion. When the piston was withdrawn, the barrel of the syringe, holding about an ounce, was immediately filled with blood of a dark venous color. No change took place in the condition of the patient then, nor were there any symptoms afterwards which could be attributed to the aspiration. Death occurred on the even-

ing of the next day, and the autopsy showed great dilatation of the right ventricle with hypertrophy of the walls, and about an inch from the apex an ecchymosis where the needle had entered. There were no signs of inflammation around it or in the muscle of the heart, the ecchymosis being subserous only, and not traceable into the muscles. The valves showed no signs of disease. There was some reddish serum in the pericardium, and also in the peritoneum, and both pleuræ, with no appreciable difference in the fluid in any of the cavities. It was thought by those present at the autopsy that the aspiration had not crippled or injured the heart in any way.

In his Report to the Surgeon General of the Navy, Surgeon Owen, of the U. S. Steamer Ashuelot (Asiatic Squadron), speaking of the respect the Chinese have for foreign surgery, states as follows of the patients in the Tien-Tsin hospital:—

The Chinese stand surgical interference wonderfully well, and submit to painful operations in a manner wonderful to witness, thus resembling our Indians. Only in major cases is an anæsthetic administered. Once consent is obtained, confidence is absolute, and they are passive in the hands of the surgeon. * * During the past autumn (1880) excision of the ribs has been frequent, as disease of these bones appears to follow the famine fever in many cases. The Chinese, as a rule, object to surgical treatment in cold weather, no doubt owing to the fact that they have to furnish their own bedding and pay for warming the bed occupied. It was judged best, in building the hospital in question, to follow the native architecture as nearly as practicable, to allay all prejudice possible, and thus the beds are constructed of brick, with a fire place beneath, in which straw, hay and brush are burned for heating. Thus each patient has his own fire, and his food is cooked by it in utensils furnished by himself. A most extraordinary custom is carried out by this strange people, which I have not noticed in any of the books or reports concerning them. As soon as it is judged a person is dying he or she is removed from the house to the open air, no matter what the weather may be. Should death take place unexpectedly within a residence the inmates depart immediately, as they have the utmost terror of the ghost of the defunct. In the general hospital it is absolutely necessary to remove all moribunds, for if a patient perishes in a ward the occupants all take flight, and no one will knowingly sleep in the room afterwards. This circumstance often causes great embarrassment to the surgeons.

An Electro-Magnet was used successfully in two cases for the removal of particles of iron from the eye by Dr. Lucien Howe (Buffalo Med. and Surg. Jour.). In one case a fragment of iron had struck the cornea point foremost, and passing inward, about one-half remained imbedded in the cornea, while the other half projected into the anterior chamber. The point of entrance had closed. The difficulty was from the danger of dislodging the fragment and pushing it against the lens or iris. After giving an anæsthetic the point of entry in the cornea was enlarged, and the pole of the electro-magnet was applied over it, when the fragment was immediately dislodged and a spurt of aqueous humor followed its exit. In the second case the fragment of iron had penetrated the cornea, and lay upon the capsule of the lens near the edge of the iris. It was removed by attaching an iridectomy knife to the electro-magnet. An incision was then made as in the ordinary operation of iridectomy. As soon as the knife approached the fragment of iron this attached itself to the point of the knife. In withdrawing the latter, the fragment was rubbed off and remained caught in the folds of the iris. All attempts to dislodge it failed, and it was necessary to draw out and cut off a large piece of the iris surrounding it.

Rush College Spring Course has opened with an attendance of over two hundred. The Practitioners' Course does not commence until April 3rd. The attendance bids fair to be larger than ever.

Some most Interesting Observations have been made by Pedrono (Annales d' Occulistique, Nov., 1882), on what has been called "Color Hearing." He had a patient in whom each musical note produced a sensation of color; the low tones gave dark colors, which gradually brightened as the musical scale was ascended. Intensity of sound produced a more vivid color impression. Feeble sounds seemed to cause vibrations of color. All sorts of sounds produced chromatic sensations. The general hue of vocal efforts depended on the *timbre* of the voice. In an ordinary conversational tone only the vowel sounds were colored. Blue voices were the most numerous; green the rarest, yellow the pleasantest. Similar cases have been from time to time reported, and all observers agree in locating the colored point just above the source of sound. A vibrating guitar string appears surrounded by color; a species of rainbow rests over the vibrating wires of a piano. This matter of color hearing touches some of the finer problems of cerebral physiology and localization. It is at present impossible to say whether the two centers for hearing and color impression are adjacent or distant and connected—possibly by fibres—in some abnormal way. The subject was broached by Nussbaumer, and then by Bleuler and Lehman, who reported that they had examined nearly six hundred persons with this peculiarity. An article on the subject appeared in the Lond. Med. Rec. for Dec., 1881.

The Following Case is reported by Dr. Thelen in the Centralbl. für Chir., No. 12, 1882. The patient, aged 27, who had been suffering from spasmodic stricture, became the subject, during an attempt at dilatation of the urethra, of an accidental fracture of an elastic catheter, a portion of which passed into the bladder. Violent inflammation was excited in the bladder, and an abscess formed in the left iliac fossa. The abscess, opened with antiseptic precautions, was behind the peritoneum and connected with the pelvis of the kidney. It was almost entirely healed within five weeks, when suddenly rigors and suppression of urine occurred. The catheter brought away only mucus and a small calculus. Destruction of the left kidney and closure of the right ureter by a calculus were diagnosed. Dr. Bardenheuer, as the only means of saving the patient's life, determined to remove the calculus, for which purpose an incision was made, extending from the eleventh rib to the crest of the ilium. In order to reach the pelvis of the kidney and the ureter, it was necessary to detach the anterior border of the kidney from its cushion of fat by the hand. The instant that the stone was felt in the hilus it slipped back into the pelvis of the kidney, and the flow of urine through the ureter showed that the passage between the bladder and the kidney was free. In order to maintain this favorable position of the organ as long as possible, the kidney was drawn backwards and outwards, so that the pelvis was visible at the bottom of the wound. An incision was made into the commencement of the ureter; a calculus about the size of a bean and four smaller pieces were removed, and the operation was concluded by sutures in the edges of the incision in the ureter. The urine, however, passed not through the ureter, but by the wound. Four days later, Dr. Bardenheuer determined (as the urine continued to trickle out) to divide the ureter, and to fix the upper end in the wound. One month after the operation, the urine passed through this artificial ureter; the wound was uniting at parts where the urine did not come into contact; the patient, though feeble, was recovering.

Some Years Ago Dr. Piffard called the attention of the profession to the virtues of pulsatilla in the treatment of epididymitis. In the current number of the Medical News, Dr. Sturgis, of N. Y., reports six cases treated by it, which have led him to these conclusions: Its action is confined to the relief of pain; it has no effect in reducing the size of the inflamed testicle; relief is also obtained in twenty-four hours, if at all. Altogether, the drug deserves further trial. A few minims of the tincture may be given every hour or two.

Cancer of the Uterus rarely occurs in virgins, but Dr. J. E. Taylor reports to the New York Academy of Medicine (Am. Jour. of Obst.) the case of a virgin, twenty-eight years of age, who died of that disease. He first saw her in December, 1881, and on examination, which was rendered difficult by the resistance of the hymen, he diagnosticated cancer and advised excision of the anterior part of the cervix, which was the part chiefly affected. No hemorrhage had occurred nor was any caused by the examination, but on more careful examination he ascertained that the part which he had proposed to remove was very vascular, and he concluded not to operate. No hemorrhage occurred and no discharge, but about a month later perforation of the rectum occurred and gas then escaped by by the vagina. Pain became such that the use of opium was necessary in constantly increasing quantities until she took six or seven hundred drops of laudanum or its equivalent daily, and also a bottle and a half of brandy. She died suddenly from a profuse hemorrhage, about three pints of blood escaping at one gush, the first hemorrhage that had occurred. At the autopsy, the body of the uterus was found to be one mass of cancerous disease and the cervix was entirely gone.

A Training School for Nurses has been organized in Cincinnati at the Cincinnati College of Medicine and Surgery, and will open formally March 26 and continue for six weeks. The course of study will embrace general hygiene, general principles of nursing, general and special dietetics, nursing of surgical cases, of contagious and infectious diseases, of children, of lying-in women, popular anatomy, physiology and chemistry. It is announced that instruction will be by "lectures, and as far as possible by practical illustration." In our opinion a plan for educating nurses which does not make provision first and foremost for practical illustration and practical experience in nursing, and which only contemplates a six weeks course, affords little prospect of supplying the demand for really educated nurses. It is too much like the schools for midwives, which send out "doctors of midwifery," after attending one course of lectures, to attend obstetrical cases and treat diseases of women and children. Such an institution cannot in any true sense of the word be called a training school.

Dr. Varick, of Jersey City Hospital, describes in the Am. Med. Jour. for Oct., 1882, an amputation at the hip joint, which was successful mainly through the saving of blood by using Prof. Trendelenburg's method of preventing hemorrhage. This method requires a flat steel rod a foot long and a quarter of an inch wide, with a movable lance-shaped point, the rod to be bi-convex on section, one-fourth of an inch thick in the middle, with blunt but smooth edges. This rod is thrust obliquely through the soft parts in front of the joint, in the same way as the two-edged knife in the well-known method of Lisfranc, but nearly an inch higher. The rod enters one and one-half inches below the anterior superior spinous process of the ilium, passes between the femoral artery and the bone, and emerges at the fold of the scrotum. The point being removed, an elastic band is firmly wound figure of 8 fashion around the projecting ends of the rod, compressing effectually the great vessels. Lisfranc's knife is then introduced a little below the rod, and by cutting from within outward, in the usual way, the anterior flap is formed. The vessels being tied, the band and rod are removed, and the joint disarticulated and the posterior flap formed. The patient made a good recovery.

A Bloodless Method of operating has been for some time in vogue in Australia, which is much simpler than Esmarch's, and which was for a long time supposed to be his. A ring made of stout rubber tubing, of small size, is rolled up the limb from its extremity, driving the blood before it. When the desired heighth has been gained, a pad of some kind is slipped under it and over the artery which shall act as a special compress on the vessel. The method certainly has the merit of simplicity.

Diphtheria in a New-Born Child was reported by Dr. Jacobi at a meeting of the New York Obstetrical Society (New York Medical Journal). The child's mouth was washed out by a mid-wife with a linen cloth, which had been washed and ironed a few days before. During the night it cried a good deal and did not swallow. The next day its mouth was found to be of a dark red color, and the edges of the tongue almost black. This could be washed off. Two white spots were seen at a point corresponding with the upper lateral incisors, and taken by the family for congenital teeth. Almost all of the food taken into the mouth during the first day of the child's life returned through the nose. The third day the mouth, lips, tongue and cheeks were covered with a thick grayish-white membrane, which could be partly wiped off. There was hoarseness, but no laryngeal stenosis, and the eyes and nose were not affected. Death took place the next day. Microscopical examination showed the membrane to be diphtheritic.

Immediate Removal of the secundines after abortion is strongly advocated by Dr. Paul F. Mundé in endorsing a paper by Dr. T. J. Alowny of Edinburgh, both papers appearing in the February number of the American Journal of Obstetrics. They both insist upon the importance of removing the secundines immediately, either by means of the finger when possible to bring the uterus within reach or by dull curette when the finger or fingers cannot accomplish the object. If the physician is called soon after the expulsion of the fetus, he will generally find the os and cervix sufficiently dilated to enable him to do this at once. If the os has again contracted, it must be dilated with a tent. Dr. Mundé recommends the tupelo tent as far better than either sponge or laminaria. After the placenta and membranes have been thoroughly removed the cavity of the uterus should be carefully washed out with carbolized water, either very cold or very hot; and the hemorrhage is then almost always entirely arrested at once and the patient makes a rapid recovery. Certainly, this practice is much more efficient and safe than that of the laisser faire principle advocated by most of the prominent writers on obstetrics.

Billroth's Conclusions on any subject must be of value. He has recently enunciated his views with reference to the pathology and treatment of empyema, and holds that neither tuberculosis nor caries of the ribs are frequent consequences, but that death results more often from amyloid degeneration or other causes. He also claims that the results of operations are no more favorable now than before the introduction of Listerism. Of fifteen cases operated on by himself and Weinlechner, in only two was there a definite and positive cure. With all due respect to the opinion of a great surgeon, we should be very sorry to feel that there is nothing to be gained by the antiseptic method in these cases. We take it that Billroth means only the typical Lister dressing. For some form of antiseptic dressing is always used in his wards in the Vienna General Hospital; and that with iodoform most frequently.

The Results of Operations hitherto performed for excision of the pylorus are thus summed up by Dr. Rydygier (Medical Times and Gazette). Sixteen surgeons have operated upon twenty-three cases, all but two of which have been examples of cancer. Of these last two operations one was performed by Rydygier in a case of stenosis, caused by round ulcer, which terminated successfully; and the other by Lauenstein in a case of supposed cancerous tumor, which at the autopsy proved to be one of gangrene of the transverse colon. Of the twenty-three cases, nineteen proved fatal, viz., fifteen some hours after operation, three on the seventh or eighth day, and one (Billroth's) four months after from relapse. Of the four recoveries, one belongs to Billroth (no relapse having occurred in six months), one to Wolfler (the patient seeming well at the end of a year), one to Czerny (seven months without a relapse), and one to Rydygier.

Jorisenne has furnished a sign (American Journal of Obstetrics) by which we can diagnose pregnancy during the first two months. Starting with the assumption that in pregnancy there is a hypertrophy of the heart (and this assumption, if erroneous, will not affect Jorisenne's results), he has found that, while in health there is a variation of ten to twenty beats in the radial pulsation, according as the body is upright or horizontal, in pregnancy, no matter what the position, the beats number the same. Jorisenne has been able to diagnosticate pregnancy as early as the first month, when no other sign except the missing of a menstrual period was present. When examining a patient for this sign, it is necessary to proceed with deliberation, first counting the radial for a space of fifteen seconds while the patient is standing, then sitting, then reclining. The order may then be reversed, and uniformly the same number of beats will be recorded. Jorisenne promises an explanation of this phenomenon in a future paper.

M. Desnes (Glasgow M. J.) reports three cases of goitre treated by the subcutaneous injection of the neutral sulphate of duboisine (one-half to one milligramme daily, according to the tolerance of the individual.) In three cases the amelioration has been most marked; the projection of the eyeballs decreased; the palpitations became less severe; the general health improved, and the throbbing at the thyroid vessels became less. On the cessation of treatment the amelioration diminished. The experiments have not been sufficiently numerous as yet to determine whether the cure is permanent. In two cases the remedy had to be stopped, the patients complaining of a feeling of intoxication, cramps and formication in the gluteal region and at the back of the thighs, etc.

Johnson (*Nordiskt Medicinskt Arkiv Band XIV.*, No. 31), cites fifty-two cases of nerve suture which he has found in literature, to which he adds some cases communicated to him personally. He has performed sixteen experiments in nerve suture; uniting in these cases the totally dissevered ends of a sciatic nerve with a catgut suture. He recommends nerve suture as deprived of all danger. In fifty-two cases of the operation in man there was no bad result, and nervous conduction was established with comparative rapidity. Indirect suture is preferable to direct. Kaufmann, in 1880, successfully transplanted a dog's sciatic nerve in the human being, and from experimental results Dr. Johnson believes that this example should be followed in cases where indicated. He leaves to future experimenters to determine whether nervous conduction is established most promptly and thoroughly by suture or, as was proposed by Vanlair, by placing between the severed ends a tube of calcined bone.

A Case of Morphia Poisoning is reported by Dr. E. Stuver in the Medical News. The amount taken was eleven grains, which had been left by her attending physician. When Dr. Stuver saw her she was profoundly under the influence of the drug, with the pulse at 100. A hypodermic injection of one thirty-fifth of a grain of atropia was immediately given, and though the symptoms for awhile grew worse, the respiration becoming labored and shallow, and the pulse one hundred and fifty, she gradually improved. A second injection was given in an hour, after which recovery promptly took place. The next day there was a dull, heavy headache, with nausea and numbness in the knees, but no other bad results. There was some dilatation of the pupils from the atropia.

The Method of removing superfluous hairs by electricity has been before the profession long enough now to win general commendadation. Benson, of Dublin, has for some time resorted to this method of treating trichiasis. (British Med. Jour.) He used a fine gold electrolysis needle and a single Leclanchè cell. The treatment is just as effective about the eye-lid as anywhere else; its only disadvantage is that it is extremely painful for the time.

The Following Conclusions are drawn by E. Fischer, of Graz, with regard to iodoform in ophthalmic practice:

1. Iodoform is well borne by the majority of patients. 2. It is the most effective agent against pannus scrophulosus and trachoma. 3. It renders excellent service as an antiseptic. 4. It hastens granulation and speedy regeneration of corneal epithelium. 5. In dacryocytitis and its consequent blennorrhœa it is not to be underestimated. Kazaurow (Wratsch. No. 42, 1882) also speaks in highest terms of the drug. In several cases of extraction, he was unfortunate enough to have escape of vitreous, with luxation of the lens and consequent irido-cyclitis or phthisis bulbi. In two such cases after using iodoform dressings there was not the slightest appearance of inflammatory reaction.

Auquier (Practitioner) mentions a case in which he was called to a man of twenty who had been suffering for three hours from violent epistaxis. The patient had been subject to such attacks from infancy. M. Auquier tried in vain to stop the bleeding by means of cold water, plugging the nares, mustard-plasters, etc. At last he irritated the nose with very hot water, with instant success. During the next night and day the friends of the youth were able by this means to stop at the outset several fresh outbreaks. The author thinks the hot water acted by producing a reflex contraction of the bleeding vessels; and not by encouraging the flow and so causing depletion of the superficial vessels, as has been supposed, in reference to the stoppage of uterine hemorrhage.

Trichloracetic Acid is regarded by Raabe (Zeitschr. f. Anal. Chem.) as a more delicate and reliable test for albumen in urine than the nitric acid or even the metaphosphoric acid tests. If a small piece of the crystallized acid is dropped into a test-tube containing urine which has been carefully filtered, it gradually dissolves in the bottom of the tube, and if albumen be present, a turbid zone will be observed when the fluids mingle. No such appearance occurs when the urine is normal. If urates are excessive in amount, there will be a sort of turbidity through all the urine, which, however, disappears at once on the application of heat. This is not true of the turbid ring caused by the reaction of trichloracetic acid on albumen in the urine.

Extension in Sciatica.—Dr. M. Shoemaker, of Iowa, has quite an interesting article in a recent number of the Medical Record, on the treatment of sciatica by extension with the weight and pulley.

A number of cases are mentioned in which the procedure gave prompt relief, and was, in the course of time, permanently curative. The method of procedure is to apply the weight and allow it to remain until the limb is thoroughly tired and the pain relieved. As soon as this has been accomplished, traction is ceased. The procedure is renewed as soon as the pain returns.

Substitutes for mother's milk are recommended in an almost endless variety. The following, which is suggested by Dr. J. B. Sherry in the American Journal of Obstetrics, is simple and he has found it very serviceable: Add a pint of boiling water to an ounce of pearl barley, allow it to cool and then strain it. Mix one-third of a pint of this barley water with two-thirds of a pint of fresh pure cow's milk and sweeten with a teaspoonful of milk-sugar, and a mixture will be produced which strongly resembles human milk in color, taste and consistence, and which Dr. Sherry has used with success as a substitute.

Vidal, reasoning from the known caustic properties of pyrogallic acid, concluded that it would destroy the virulence of phagedenic chancroid, and at the same time respect healthy tissue. He uses the following ointment (Progrès Mèdical): Pyrogallic acid, twenty parts to twenty-four of some such excipient as vaseline. He also used it in powder with four parts of starch. It readily checks phagedenic action, but does not affect tertiary ulcers favorably.

Operative Treatment in cases of intestinal obstruction was the subject of a paper read by Mr. Bennett May before the Midland Medical Society (British Medical Journal), in which the difficulty and importance of accurate diagnosis was dwelt upon. He mentioned the different operations between which the surgeon might be called upon to choose, and arranged them according to subsequent mortality in increasing ratio as follows: 1. Colotomy in the loins. 2. Enterotomy by small incisions in the right groin through which the first distended and presenting coil of intestine was secured and made the site of an artificial anus without exploration. 3. Inguinal colotomy, by opening the sigmoid flexure in the left groin. 4. Saparotomy by median section, the cavity being explored, the cause of obstruction being removed and the wound closed again; or laparo-enterotomy if completed by opening the small intestine. He gave as the reasons for the lower death rate in enterotomy, as compared with laparotomy and laparo-enterotomy, that the conditions for which it was typically applicable were less acute and lethal, and the injury inflicted by the operation was less, and because it was undertaken earlier. He regarded it as a compromise between colotomy and laparotomy, and one which was always performed by many surgeons in cases where the indications to open the colon were not clearly marked. He thought, however, that there were cases in which laparotomy was the only proper operation, and in many he deemed it the better plan to open the small intestine as low as possible and stitch to the median wound, so making the operation a laparo-enterotomy. In impacted gall stones, if the calculus could not be dislodged by slight force, he would perform laparo-enterotomy, and if there was severe local pain and swelling, he would not confine himself to section in the median line, but would open the cavity near the seat of trouble. In cases of chronic obstruction of the small intestine, due to various causes, such as tumor, etc., and in many cases of obstruction of the large bowel in which the cause could not be localised, he thought enterotomy the best operation.

According to the Progres Medical (Jan. 20, 1883), Martineau exhibited at a meeting of the Paris Hospitals Society, a preparation of the genitals of a monkey which had been inoculated with syphilis a few weeks previously. The indurated primary lesion was unmistakable; the stage of incubation having lasted twenty-eight days, and that of cicatrization twenty-seven. The adenopathy was also well marked. Subsequently mucous patches appeared. Dr. Spitzka, of N. Y., is said to have in his collection the cranium of a Chinese baboon, which shows indubitable evidences of tertiary syphilis.

Picric Acid is a very delicate test for albumen in urine. A saturated solution immediately coagulates any trace of albumen that may be present in the urine. It is a more delicate test than nitric acid. The powder may be carried in the pocket and some of it thrown into a specimen of the suspected urine while it is still warm, and if albumen be present, a distinct cloudiness or a noticeable precipitate is formed at once.

The Sanitary Council of the Mississippi Valley will meet at Jackson, Miss., on Tuesday, April 30th, and it is hoped that there will be a full attendance of those interested in sanitary matters. The officers of the council are: Gustavus Devron, M.D., President; D. B. Hellis, M.D., Vice-President; John H. Rauch, M.D., Secretary.

In our issue of Feb. 10 a communication appeared signed "Consistency," which has been construed by some of our readers as a direct attack upon them, and as the Review wishes to accord justice to all, we have allowed one of their number the privilege of replying in the present issue, but our columns are now closed to any further discussion on the subject.

Albuminuria or Bright's disease is also treated successfully by Prof. Renzi by the milk diet, in combination with fuchsine administered in pill form, one to six grains in twenty-four hours. The pills are so divided as to contain half a grain each.

CONTRIBUTIONS.

THE OPERATIVE TREATMENT OF EPISCLERITIS.

BY DR. BOERNE BETTMAN, CHICAGO.

[Late Assistant to the University Eye Klinik of Heidelburg, Lecturer on Ophthalmology and Otology to the College of Physicians and Surgeons.]

The excellent results we obtained in the treatment of episcleritis, according to the Adamück-Schœller method, induces me to publish an account of five cases operated upon in the University Eye Klinik, of Heidelberg. I am furthermore prompted to call attention to this subject at this late date, as but little has been added to its literature since these cases were observed.

This operative interference was devised by Prof. Adamück, of Kasan (Centralblatt fur Augenheilkunde, Sept., 1878, p. 209), who had noticed that if pressure was brought to bear upon the diseased sclera the hyperæmia disappeared; as soon as the pressure was discontinued the parts returned to their former condition. This observation led him to conclude that pathological enlargement and overfilling of the blood-vessels were the principal factors of this disease, and that a diminution of the hyperæmia would check the course of the process. Based upon these facts, Adamück made deep incisions into the sclera, parallel to the corneal margin, with a Desmarre's knife, and found that after twenty-four hours the inflammation had already subsided. Twenty cases operated by him, according to the above method, yielded good results. Dr. Schœller, independent of Adamück, was led to adopt a similar procedure. His method of operating is as follows: "With a pair of scissors bent towards the plane surface, I slit the conjunctiva upon the scleratic elevation; then I repeatedly scrape, with a Desmarre's scarificateur, the diseased locality until profuse hæmorrhage ensues, which is kept up as long as possible by means of sponges soaked in warm water. If the sclera at this place is not perfectly uncovered and bloodless, the scraping is repeated."

Schœller gives an account of four cases, several of whom had repeated attacks, all of which were successfully combatted by the scraping method. In his next yearly report the condition of these patients and result of the treatment is commented upon. Two of the cases, owing to the appearance of fresh nodes, had again been operated upon, their eyes, at the date of publication, being free from pain and inflammation. The other patients had experienced no further trouble, and are regarded as permanent cures. Schœller, like Adamück, attributes the satisfactory results to the local depletion, but thinks that the permanent effect can be explained by the conjunctival scar which necessarily follows. The scar, according to his opinion, compresses the vessels, diminishing the blood supply; he therefore excises in some cases a broad strip of conjunctiva to produce a firmer and broader cicatrix.

The following cases were treated in the years 1879 and 1880; the clinical histories were extracted from the books of the Heidelberg Eye Klinik, by the kind permission of Prof. Otto Becker. The first case is given in detail, since it serves as a type of the course usually pursued by episcleritis, and demonstrates at the same time its power of resistance to the action of remedies heretofore employed:

CASE NO. 1.

Johannes Beyer, aged fifty-four, Kaiserslautern, was admitted into the University Eye Klinik, April 24, 1879. The patient is a tailor by trade, and has followed his calling for thirty years. Two years ago his right eye suddenly inflamed; after a four weeks treatment he was enabled to continue his duties and ply his needle as well as ever. Two months after the first attack, the left eye became the seat of inflammation; he was again obliged to stop work, and consulted a physician, who prescribed yellow ointment. This attack lasted fourteen days. During the next half year the eye remained inirritable, but at the expiration of this term the disease once more appeared, lasting seven weeks. Patient dates the diminution of sight from this period. After the evil had subsided, a restriction band-like haze was noticed in the outer half of the visual field. This cloudiness increased in size and density; at the date of admission, almost the entire outer third of the field of vision was obscured. Another attack occurred several weeks ago, this time accompanied by severe pain. Yellow ointment, atropini and warm applications were employed in their respective order, but without avail; he therefore came to Heidelberg for treatment.

On the date of admission his condition was as follows:

Left Eye: On the temporal portion of the sclera at the corneo-scleral margin, a large dark red elevation; conjunctival and episcleral tissues deeply injected; vessels ramifying on the node and in the neighboring tissue, tortuous and turgid. Outer third of the cornea hazy in its superficial parts, most dense at the margin. Depth of anterior chamber, size of pupil, reaction and color of iris normal. Several pigmentary deposits on the anterior surface of lens capsule. Sight $= \frac{6}{12}$, glasses do not improve. Jæger No. 2, with + 1.5, diopt. Ophthalmoscopic examination. No opacities in the vitreous, fundus normal.

Right Eye: Nebulæ cornæ, otherwise no pathological changes noticeable. Sight $= \frac{6}{12}$, not bet-

tered by glasses. Jæger No. 1, with + 1.5 diopt.

During the first four weeks, treatment consisted of calomel insufflation and application of warm compresses, but without effect. May 15. Left eye, severe pain, circumcorneal injection, below an adhesion, posterior synechia. Atropine and confinement to a darkened room ordered. The next day, injection had disappeared, pupil was dilated ad maximum. In a few more days, all signs of inflammation having passed away, we determined to try massage, as all other remedies had failed. The eye was rubbed, according to the prescribed method, twice daily, not exceeding a minute each time. This procedure was continued up to November 2, when patient was discharged somewhat improved. He was instructed to continue this treatment at home and return in a fortnight. November 20. Injection increased, several posterior synechia. Atropine, ferrum iodatum and warm applications were prescribed. Jan. 18, 1880. Patient was again admitted. Left eye highly inflamed, vitreous cloudy, S = $\frac{6}{36}$. Massage was again tried. Feb. 27. Discharged unimproved.

A few months later, the interesting publication of Schœller on operative interference in episcleritis attracting our attention, two cases then in the hospital were operated upon. The immediate result was so striking and satisfactory that we resolved to adopt this mode of treatment in B.'s case, and wrote to him to enter the klinik for that purpose. He was admitted for the third time, April 4, 1880.

Status Præsens: Left eye, conjunctiva and sclera, 6—10 mm. ($\frac{21}{100}$—$\frac{38}{100}$ inch) posterior to the corneo-scleral margin discolored, of a bluish tint. This discoloration is confined to the anterior one-third of the eye-ball. The sclerotic is thin. In the lower part of the nasal sclerotic is a fresh episcleral swelling. Cornea in its outer half for a distance of three mm. ($\frac{11}{100}$ inch) from the limbus sclerosed. Conjunctival and episcleral vessels tortuous, especially in the region of the node. Anterior chamber appears very deep; this illusion is due to the hazy condition of the corneal periphery. Cornea in this locality is flattened, pupil dilated, irregular, cloudiness of vitreous, S = $\frac{6}{60}$. The first operation was performed June 7. The conjunctiva below and inwards was vertically incised, and the pathological product removed by means of a sharp spoon. The sclera was then scarified with De Wecker's scarificateur. Sponges dipped in hot water were employed to stimulate hemorrhage. One suture was applied. June 8. Patient slept well; no pain; conjunctival injection diminished. June 10. Suture removed; injection almost entirely gone. June 13. Upper and inner quadrant of sclera scarified; bleeding profuse, maintained for half an hour. June 27. Upper outer quadrant of sclera scarified. July 6. Patient was dismissed.

Status Exitus: Left eye, non-irritable; conjunctival cicatrices in the upper outer, inner and inner lower quadrants of globe; sclerotic in its entire circumference for a distance of five mm. ($\frac{19}{100}$ inch) posterior to the corneo-scleral margin, exceedingly thin and of a slate color. The corneo-scleral margin in the upper and outer part of the globe is invisible, owing to a sclerosis of the cornea. Anterior chamber appears deeper than normal, iris clear, several old posterior synechiæ; vitreous perfectly clear; fundus normal; S = $\frac{6}{36}$, and two letters of the next line.

CASE NO. 2.

Mrs. Gaus, aged thirty-two, Mannheim, first became aware of her complaint in the middle of September, 1879. The eye suddenly reddened, but as no pains accompanied the inflammation she paid no attention to the matter, and allowed it to run its course. The redness increasing, friends eventually prevailed upon her to consult a physician who treated her for several weeks with insufflation of calomel. The trouble grew worse; she next called upon my colleague, who recognized an acute episcleritis, and prescribed atropine and warm compresses. The patient did not return to the branch clinic at Mannheim until April, when I saw her for the first time. A symptomatic, sharply defined violet elevation, hard to the touch, was visible on the lower inner part of the sclerotica. During the four weeks she remained away from the dispensary iritis had set in; the cornea near the elevation was cloudy. Patient, according to my advice, entered the eye clinic at Heidelberg, April 4, 1879. Atropine and warm applications were employed for one week, but proved inefficient; we therefore determined to scarify the diseased sclerotic.

The minor operation was performed without an anæsthetic; the conjunctiva was not united. The result of the operation was so rapid and beneficial that the patient was discharged at her own request four days later. Conjunctiva about the cicatrix somewhat injected. Patient returned April 21. Eye highly inflamed and painful with a fresh elevation on the temporal side of the sclera. April 22. Sclera scraped, one suture. Discharged April 25.

Status Exitus: Conjunctiva in region of cicatrix slightly injected; cornea opposite former node, hazy; pupil dilated (atropine); several posterior synechiæ. S = $\frac{6}{12}$. The patient has since then visited me at Mannheim. The eye remains in a passive state.

CASE NO. 3.

Jacob Black, aged thirty, Rohrbach, was treated for some time in the dispensary. Calomel, warm applications, Pagensticker's ointment and internal

remedies were all resorted to in turn, but failed to afford relief. He therefore entered the hospital, April 24.

Status Præsens: Ciliary injection on the temporal and nasal parts of the sclerotic, close to the limbus an elevation of a dark violet color, with broad base and hard to the touch. S = $\frac{6}{24}$; glasses do not improve. April 27. The patient was anæsthetized; conjunctiva on the nasal side of globe vertically incised and dissected from the underlying tissue; after the pathological product was removed conjunctiva was re-united by one suture. April 28. Patient slept well; he experienced no pain; injection decidedly less. May 3. Second operation, on the temporal side, performed in a similar manner to the first. May 7. Patient was discharged; conjunctiva at the site of the cicatrices somewhat reddened, bulbus otherwise normal.

CASE NO. 4.

August R., aged twenty-two, admitted June 20. Right eye, normal; left eye, exceedingly sensitive to touch in the ciliary region; ciliary injection, old maculæ corneæ, iris discolored, band-like opacities in centre of cornea. After atropine instillations, pupil very irregular, numerous synechiæ. In the upper inner quadrant, close to the cornea, a dark red elevation hard to the touch; conjunctival and episcleral injection limited to this region, media turbid, fundus invisible. Treatment—atropine, blue spectacles. June 21. Ciliary injection diminished, synechiæ torn loose, pupil dilated. In a few days, this sub-acute attack of irido-cyclitis having disappeared, we decided to scarify the sclera, and performed the operation in the usual manner without chloroform. One suture was applied. July 4. A fresh node appeared about eight mm. ($\frac{1}{3}$ inch) from the conjunctival scar, but yields to warm applications. Patient remained with us until July 21.

Status Exitus: Left eye free from all signs of irritation; a linear conjunctival scar in upper inner part of the globe; pupil normal, mediæ clear. November 2. Patient re-visited the klinik as was desired at the time of discharge. Sclera, at site of former node, thinned, allowing choroidal pigment to shine through. The eye is in a non-irritable state.

CASE NO. 5.

William Zauweiler, aged thirty-seven, reported that his complaint was ushered in four months ago by severe redness of the eyeball. During this time bluestone had been applied to the lids. May 23, 1880. *Status Præsens*: Trachoma palpebrarum, superiorum et inferiorum. Right eye, conjunctiva circumscribing the cornea œdematous, deeply injected, of a dark violet color. In the lower half of the cornea, maculæ; iris tissue discolored, pupil very small and irregular, oval in its vertical diameter. In the pupillary plane false membrane. S = Fingers in three meters (12 feet). Left eye, conjunctiva in inner, lower and outer quadrants injected, swollen, dark reddish hue. Cornea in its superficial parts hazy; color and reaction of iris normal.

Ophthalmoscopic Examination: Media clear, fundus, as far as could be determined, normal. S = Finger at two and a half meters (eight feet). Treatment—atropine, copper sulphate. June 7. Left eye, conjunctiva in lower quadrant, four mm. ($\frac{15}{100}$ inch) from limbus, incised in transverse meridian; bleeding profuse, episcleral exudation removed, sclera scarified; one suture. June 13. Reaction due to first operation having subsided, nasal sclera was scarified. June 15. Injection almost totally disappeared. June 22. Right eye, iridectomy above. July 2. Discharged.

Status Exitus: Right eye, coloboma artificialis above; posterior synechiæ; conjunctiva slightly injected, occasioned by application of bluestone to lids. Sight = $\frac{6}{81}$. Left eye, in lower and inner quadrants, conjunctival cicatrices; slight redness also, due to the last treatment. Sight = $\frac{6}{18}$.

REMARKS.

In reviewing the above cases, the excellent results obtained by this operative procedure must, above all, attract our attention and at once impress us favorably with this modus operandi. We have illustrated here the various stages of episcleritis The first case is typical of the chronic form in a state of degeneration. The process of sclerosis in the sclerotic and cornea has entirely erased the boundary between both tissues at the corneo scleral margin, giving them the appearance of one continuous opaque membrane. The eye, owing to change of curvature, based upon the just mentioned pathological condition, has assumed the well-known pear shape, to which attention was first called by Pilz. Case 2 presented, at the date of operation, secondary changes of but a few months duration, subacute iritis. Case 3 is a pure uncomplicated acute episcleritis, with the characteristic dark red nodule. The secondary changes in Case 4 were still more extensive than in Case 2, as is shown by the numerous deposits of pigment on the capsule, indicative of former attacks of iritis. The last case showed at no time a localized inflammation considered so symptomatic of episcleritis, but rather a circumcorneal œdema with secondary irido-cyclitis, usually met with in that form of disease termed by De Wecker anterior scleritis.

In each of these cases a satisfactory result was obtained. This fact must overcome all objections that could be raised as to the efficacy of the operation in chronic forms of the disease. Its progress was decidedly checked, no matter in what stage it came

under notice. The operation itself is but a minor affair, the pain of so trifling a character that in most instances an anæsthetic was found unnecessary. The nodule must not only be incised, but scraped until the white surface of the sclerotic is brought to view.

In each case at least two operations were found necessary to obtain permanent results, and Case No. 1 required as many as three. The reason for this is quite evident when we remember that usually but one nodule appears at a time, the remainder of the sclera being apparently healthy. After one node has been incised, another may present itself at a locality situated 8—10 mm. ($\frac{31}{100}$ to $\frac{39}{100}$ inch) distant from the first seat of imflammation. This can hardly be regarded as a relapse, but should be considered rather a proof of the spreading character of the disease. In none of our patients did a nodule appear at its former site after an operation. A large incision extending beyond the confines of the localized inflammation would undoubtedly facilitate matters and diminish the number of operations.

Sutures were applied several times; the conjunctiva was drawn together and the wound perfectly closed. This certainly favors rapid union and avoidance of a broad scar. But the beneficial effect of the operation is attributed by Adamück and Schœller to the formation of cicatricial tissue. The other cases, in which no sutures were applied, required a longer time to heal; the cicatrix was broader and more firm in character, but the immediate result and subsequent course of the cases did not differ from those in which the conjunctiva was re-united.

Before leaving Heidelberg, June, 1881, I corresponded with the patients, and received laudable reports from all but Case 5, who did not answer my letter. I saw Cases 2 and 4 several weeks prior to my departure. Their eyes were pale, and did not show the slightest trace of inflammation.

In conclusion I would state, that although the number of cases cited here is limited, their final result justifies the assertion, that we possess in this operation a remedy which, even if it does not stay, at least checks and moderates the course of the affection, thereby supplanting the time honored but ineffective remedies.

113 East Adams Street.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, March 10, 1883.

The President, Dr. Barret, in the chair.

DR. DEAN presented a specimen of double aneurism of the abdominal aorta, the patient having been admitted into and having left the City Hospital several times before his death. There are two aneurisms nearly connected, the upper one being much larger than the lower one. The former rested upon the ninth and tenth dorsal vertebrae, and involved the cœliac axis; the latter was opposite the twelfth dorsal and first and second lumbar vertebrae. The channel was situated in the anterior portion, the eighth, ninth and twelfth dorsal and first and second lumbar vertebrae being eroded a depth of a half inch. The right renal artery was not pervious, and the kidney small.

DR. DEAN presented another specimen, the history of the case being hæmatemesis, the patient stating that he had swallowed a bone some time before. Blood was also passed by the bowels, but auscultation of the œsophagus revealed nothing definite. Upon post-mortem examination, it was found that the œsophagus was ulcerated on both sides, that on the left having penetrated the subclavian artery. The body causing the ulceration could not be found. No syphilitic taint could be made out.

DR. PORTER never heard of a case of abdominal aneurism with a history of traumatism, without recalling the case of a gentleman who fell dead suddenly, there being no history, except a pain in the back, which a New York neurologist diagnosed as a lesion of the spinal cord, and treated accordingly with some success. The post-mortem showed a large abdominal aneurism, with destruction of the last two dorsal vertebrae and pressure upon the cord. The specialist diagnosed the local lesion, but did not find the cause.

DR. JAMES stated that it was Dr. Hammond who had made the diagnosis by means of a surface thermometer.

DR. MEISENBACH presented a case of excision of the astragalus, remarking that the operation is not a common one. He spoke of the different astragaloid dislocations, saying that reduction is generally impossible, and that it seemed justifiable to remove the bone, even in moderate dislocation. In compound fractures or dislocation of the astragalus, excision or amputation is indicated. The patient presented, aged thirty-eight, on September, 1, 1882, fell from a platform a distance of twenty feet, striking the bottom of the foot, producing a compound fracture of the astragalus and an astragolo-calcaneo-scaphoid dislocation, the wound being two inches in extent, and the astragalus and maleolus protruding. The posterior tibial artery was severed. Excision of the joint was performed, the astragalus being removed. A counter opening was made above the external maleolus for drainage, and to allow more ease in sawing off the articular surface of the calcaneum. The wound was an appall-

ing one. The entire cavity was packed with iodoform, two drainage tubes inserted and the wounds stitched. Carbolized gauze, into which iodoform had been rubbed, was placed over the parts, a posterior plaster of paris splint being used. A modified Lister's dressing was placed over all, and the limb swung. The highest temperature and pulse reached were 101° and 96. There was considerable discharge, but no odor. In four weeks the plaster shell was taken off, but the posterior part allowed to remain. There was very little necrosis of the soft parts, no exfoliation of bone, and after ten weeks the posterior splint was removed. At the end of four months the patient could walk with a cane, and now, after the lapse of six months, he walks well, and there is two-thirds of the normal amount of motion in the joint. The points Dr. M. wished to call attention to are: 1. The man's good constitution; 2. Performing the operation immediately before inflammation set in; 3. Cutting off the maleoli and the articular surfaces; 4. Perfect adaptation and immobility of plaster of paris splint; 5. Complete antiseptic condition of tbe parts, due to the most invaluable remedy of this kind—iodoform. These, he stated, were the prime factors to the success obtained.

Dr. Dean exhibited an astragalus which he had removed. There was a dislocation and fracture in a hard drinker, who eventually had the part amputated. In another case of dislocation outwards, it was reduced.

Dr. Love saw cases treated in a similar manner, and they healed by first intention.

Dr. Borck inquired if any one had ever seen such a case result in perfect anchylosis? In all cases there is extension and flexion, but no lateral motion.

Dr. Meisenbach stated that Tanner records a case of complete anchylosis. In other cases it is not stated how much motion was present, and this is an important point. Dr. M. had removed the articular surfaces to get the two surfaces approximated better, and have a more satisfactory result in case of anchylosis.

Dr. Hypes thought that more motion could be obtained if the articular surfaces were allowed to remain, and more strength if the maleoli were not removed.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

C. B. NANCREDE, M.D., RECORDER.

Thursday Evening, March 8th, 1883—The President, Dr. Jas. Tyson, in the Chair.

Cancer of the Stomach, Liver, Pancreas, etc.

Dr. Guy Hinsdale exhibited a series of specimens of cancer involving the stomach, liver, pancreas, rectum and lung. They were obtained from recent cases at the Episcopal Hospital.

Case I.—Cancer of Lung, Pleura and Stomach.

Carl W., aged forty-four, was admitted Oct. 23, 1882. He had never been ill before, and his symptoms had been developed during the two weeks previous to admission. His bowels were regular, he had had no vomiting, but had pain at the lower margin of the left ribs, with cough and friction sounds. Cachexia was marked. The abdomen was soft, a tumor was felt in the left hypochondriac region. The spleen was distinctly felt and enlarged.

The tumor increased in size, became more tender and pain was at times very severe. The patient's appetite was gone and emaciation was extreme. Twenty-six days after admission death occurred.

At the autopsy, fluid was found in the pleural, pericardial and abdominal cavities. There were old pleuritic adhesions. The roots of the lungs, the base of the left lung adjacent to the diaphragm, and the pleura beneath the ninth and tenth ribs were found to be the seat of cancerous deposit. The bronchial and thyroid glands were very much hypertrophied, but not cancerous.

The cardiac extremity of the stomach was the seat of an extensive cancer, but the cardiac orifice was not involved and the mucous membrane not destroyed. The pyloric end was intact. The pancreas was the seat of cancerous growth. The liver was of a dark, mottled color, and showed numerous metastatic growths in an early stage of development; its weight was 5 lbs. 9 oz. The spleen was greatly enlarged and the seat of small secondary deposits. Kidneys normal.

Microscopic sections of the thyroid gland showed simple hypertrophy; sections of the metastatic growth in the liver showed scirrhus cancer.

Case II.—Cancer of Stomach and Liver.

James S., aged forty, admitted Sept. 28, 1882. During two months previous to admission he had lost forty pounds of flesh, his skin had become very sallow, and vomiting, which at first was occasional, finally occurred after every meal. A tumor was distinctly felt on the left side above the umbilicus; it moved with respiration and was painful on pressure. Albumen was present in the urine. The patient's mother had died of cancer of the stomach.

After admission, the tumor increased in size, the patient grew weaker, vomiting frequently and passing clay-colored stools. Death occurred on the thirty-eighth day after admission.

At the autopsy, the heart, lungs, kidneys and spleen were found in a normal condition; the stomach was very much dilated, and contained undigested food. A cancer was found at the pyloric ex-

tremity. The walls of the pylorus were very much thickened, and its orifice admitted the thumb with difficulty.

The liver was detached and found to be the seat of four large bosses of secondary cancer. Its weight was 3 lbs. 14 oz. The gall duct was unobstructed. A microscopic section of the growth in the stomach showed scirrhus cancer.

CASE III.—CANCER OF THE STOMACH, GASTRO-COLIC FISTULA.

C. W., aged sixty-six, was admitted June 13, 1882. His health had been good until four months previously, when he vomited some dark bloody matter. Pain was occasional and occurred after eating. Vomiting had occurred once. Jaundice began three weeks before admission; the skin was dry and the body not much emaciated. Stools regular, but clay-colored. The liver was slightly enlarged. Distinct nodular masses, slightly painfu on pressure, could be felt in the epigastric and umbilical regions. The inguinal glands were slightly enlarged; the axillary glands remained normal. There was no cough; a faint, low systolic murmur was heard at the aortic cartilages. The urine was dark yellow, sp. gr. 1010, and contained no albumen. Vomiting, emaciation and jaundice progressed; the tumors increased in size, and death occurred two months after admission.

At the autopsy a cancer was found at the pylorus. A fistulous opening, large enough to admit the forefinger, was found to exist between the stomach and transverse colon, which were infiltrated by the cancerous deposit and adherent to each other. The calibre of the colon was small. The mucous membrane of the stomach at the seat of disease was ulcerated and ragged. There was no dilatation or hypertrophy of the walls of the organ. The gall-bladder was distended, and both the pancreatic and common bile duct were obliterated. Heart, kidneys and other organs showed nothing very unusual. The mesenteric glands were slighly enlarged. The spleen was small, and its hilus the seat of a hard calcareous plate; the organ was displaced, lying close against the diaphragm some distance from the chest wall, accounting for the perfect resonance which had been noted in the splenic region.

CASE IV.—RECTAL CANCER, COLOTOMY.

John M., aged seventy-one, was admitted to the hospital Oct. 26, 1882. He had always been healthy until three months previously, when the movements of his bowels became irregular.

The patient suffered from diarrhœa. His urine was albuminous and contained hyaline casts. He had hydrocele. He denied specific history. Exploration of the rectum revealed a malignant stricture an inch and a half from the anus.

On account of the patient's age, operative measures were not contemplated until the passages became very difficult, and hiccough and stercoraceous vomiting demanded relief. This was temporarily afforded by the operation of left lateral colotomy, which was performed by Dr. John H. Packard. Death ensued twenty-four hours later.

At the autopsy the wound was found in good condition; the descending colon was opened about three inches from the point of its bending downwards. An enormous cancer was found, involving the rectum and posterior wall of the bladder, and nearly filling the true pelvis. All the other viscera were in good condition. Microscopic sections showed the cancer to be scirrhus.

CASE V.—CANCER OF THE RECTUM, SECONDARY CANCER OF THE LIVER.

Christian H. was admitted July 6th, 1882. He was emaciated, weak and cachectic. He stated that for twenty-seven years he had been perfectly well, but that two months previously he had noticed loss of flesh, and about the same time discovered a growth at the anus, which was small, but which gave him a great deal of trouble at stool. Two weeks later he noticed that his feet and legs had become swollen, but it was not till his admission to the hospital that he became aware that there was anything the matter with his abdomen. The patient's father probably died of cancer of the stomach.

The anal growth was excised and proved to be an adenoid type of malignant disease. Vomiting, dyspnœa and sallowness of the skin increased until his death, five weeks after admission. The autopsy showed that the liver and rectum were the only strictures seriously diseased. The liver was enormously enlarged and filled the whole upper portion of the abdominal cavity. It was slightly adherent to the diaphragm and adjacent viscera, and was studded with cancer nodules ranging in size from that of a filbert to that of an egg, often coalescing and pretty equally distributed over the surface. The whitish color of these nodules was in strong contrast with the dark color of the liver, giving it a variegated appearance. Its weight was 10 lbs. 4½ oz. The walls of the rectum, six inches from the anus, were infiltrated with the new growth. This was the primary seat of disease. The secondary growth was very rapid, almost entirely painless in itself and disturbing the patient only by mechanical irritation of the stomach, and the production of edema and ascites by interference with the circulation. Jaundice did not occur.

Microscopic sections of the anal growth revealed an adenoid growth resembling an aggregation of Lieberkuhn's crypts. It was an example of an early involvement of the part. The growth higher

up in the rectum was more advanced, and illustrated the encephaloid form of the disease. A section from the metastatic deposit in the liver showed a stroma of fibrous tissue with alveoli, lined by epithelial cells, the peripheral cells retaining their *columnar* shape. It was an example of the reproduction in the liver of the same follicles found in the primary disease of the rectum.

CORRESPONDENCE.

ST. LOUIS, March 5, 1883.

Editor of the Weekly Review:

My attention was recently called to a letter in your issue of February 10, discussing some newspaper "Interviews" on homœopaths and their beliefs. Although signed "Consistency," it was so maliciously inconsistent, that I trust you will permit a few words on the subject, as viewed from the other side.

The absurdity of those interviews is obvious; you might as well ask a Presbyterian what a Catholic believes, or a Catholic as to Unitarianism. The answers given by these gentlemen, as to what a homœopath believes, simply reveal lamentable ignorance on the subject.

Consistency's tone is very bitter, but, Mr. Editor, in this age neither sneers, ridicule nor loud laughter can be substituted for argument, in fact, whenever indulged in, it is usually to bolster up a weak cause, and proves the lack of argument. In this connection it will be observed, too, that the most violent opposition to homœopathy comes from those most ignorant of its principles, new graduates, filled with zeal and assurance, who but reflect the sentiment of their teachers; older men wedded to old things. Again, I venture the statement that it is a noticeable fact, that the most aggressive and offensive bitterness comes from those who have established but unenviable reputations for aggressive bitterness and intolerance to everything not in accordance with their own narrow minded and partisan views.

Medicine is by no means a *certain* science. Its history proves this without argument. What was implicitly accepted and blindly followed as orthodox practice in one decade is often cast aside for the new things of the next. Twenty-five years ago to bleed was the rule, to-day who does it?—the barber. Only four years ago atropine was the recognized treatment for glaucomic pains; to-day it is universally forbidden as injurious and dangerous, and its opposite, eserine, is used. This is "rational therapeutics."

With the exception of Materia Medica and Theory and Practice, the course of study in the colleges of both schools is the same. Not only is this so, but in the State University of Michigan, where both schools flourish, the branches common alike to both schools are taught by the same professor in the allopathic department. Is it not a fact that very many of those now practicing and believing in homœopathy graduated from, and for years, before conversion, faithfully followed allopathy, even to the what seems necessary length of bitterly denouncing homœopathy and its adherents? Is it not unfair, unjust and illiberal presumption to class all those who may happen to differ from us in anything as either "fools" or "knaves?" The same spirit of illiberality and bigotry in the old school, which condemns homœopathy to-day, ridiculed Harvey and sneered at Jenner. Homœopaths are accused of being dishonest, because they are known to use remedies usually used by allopaths. This is a foundation argument against the homœopath; but how flimsy, ridiculous and untenable it becomes, when not viewed with eyes of prejudice and ignorance. What is there in the great law of "Like cures Like" to prohibit or contra-indicate this? What has the size of the dose to do with this law? It is true that there is a very small minority in the homœopathic school who claim that the minimum dose is a vital part of our faith, but they are in the vast minority. Hahnemann himself did not advocate this until long after he announced the great law of "Similia Similibus Curantur." But this difference of opinion as to the size of the dose is not confined to the homœopathic school. Is there not a wide difference between the doses of the cross-road fossil and the therapeutic measures of Ringer and Bartholow? And it does not even stop here, for in the old school, especially in classic Germany, we find many great names enrolled on the banner of medical nihilism—those who having seen the failures of much dosing, have gone to the other extreme, and believe in "Expectancy," or no medicine. Does this make them "fools" or "knaves?"

Experience teaches us that prompt therapeutic action follows the smaller doses; but this is likewise true with the old school. Compare their doses of to-day and twenty years ago. We are charged with stealing old school thunder. What purility! Is science then a closed book, open only to the select few? This charge might, with reason, be cast back, for many of the "recent discoveries" in the old school therapeutics are but bold and unacknowledged thefts from the homœopathic materia medica. Ringer has been honest enough to acknowledge his indebtedness, but few others have had either the manliness or courage to confess it. What is aconite for fevers, small doses of ipecac for vomiting, glonoine for congestive headaches, etc., etc., but the most unmitigated kind of homœopathy? Stolen bodily from it. Because some of the views

of Hahnemann may be called into question, does this make him a "fool" or a "knave?" Who claims that he was infallible in all things? Do we sneer at Aristotle because his theories of vision were so erroneous? or the great Newton, because he advocated the corpuscular theory of light?

The intelligent, progressive and liberal minded members of the old school, are awakening to the necessity of meeting the issue fairly—and this is commendable. Intolerance and bigotry are never the friends of truth or enlightenment, but are always the strong props of error. Many are conscientious in their opposition to what they believe to be the absurdity of homœopathy, but they are too prejudiced to properly and honestly investigate it. They say it seems unreasonable—so seemed the theory of Galileo—the dream of Columbus—the first glimpses of the possibilities of steam, electricity, etc. They say that there are ignorant men in the homœopathic ranks. "Pity 'tis, 'tis true;" but not more in proportion than find shelter in the old school fold; and if ignorance is to give medicine, the argument is all in favor of the ignorant homœopath—he may not cure, but he will not kill. They say that we do not believe or practice what we preach. What an absurd and gratuitous presumption! Years ago the old school prophets of the O. W. Holmes type said "Let homœopathy alone, it will die out in due time." Let me give you a few notes on the way this prophecy is being fulfilled. At the last meeting of the American Institute of Homœopathy, the oldest incorporated national medical association in this country, being organized in 1844, now numbering nearly one thousand members, the following facts were developed: There are two hundred and eighty-four homœopathic institutions in this country. The aggregate membership of the State societies was two thousand and two. There are fifty-four homœopathic hospitals, which, in the year preceding the report, treated six thousand six hundred and seventy-five patients, with a mortality of but three hundred and ninety-nine, less than six per cent. The aggregate money value of these fifty-four hospitals is $5,000,000. We have forty dispensaries, which treated one hundred and eight thousand and sixty-nine patients in the year. Here, in St. Louis, the Homœopathic Free Dispensary connected with the college treated over five thousand patients last year. There are twelve homœopathic colleges in this country, which for the session '81-'82 reported one thousand two hundred and sixty-seven students, with four hundred and twenty-one graduates for the same year, with an alumni of five thousand six hundred and eighty. There are about eight thousand homœopathic physicians in this country, and fifteeen medical journals.

And now in conclusion, Mr. Editor, is it not indeed amusing that the question of "Consultation" should so stir the old school ranks, almost to the point of open rupture, for really, sir, did it ever occur to you, or to them, that we do not ask for consultation? There was a time when it was almost a necessity—that time is past, for all of the departments and specialties of medicine are now ably represented and well sustained in the homœopathic school. The interchange of views, as well as the amenities of professional life, might be both pleasant and profitable, but necessity no longer figures in the matter. Is it not well to allow our neighbor to differ from us, and still give him the credit of being honest? Would not the great and scriptural law of ethics, "Do unto others as you would have others do unto you," cover all of the points in dispute? My good friends of the other side, read and reflect.

SIMILIA.

Belvidere, Ill., March 13, 1883.

Editor "Weekly Medical Review":

I send you herewith an account of a case which I think may interest your readers. On the 23rd of June, 1882, Boris Stolle, a laborer, was gored by a bull in the right groin. I was called to attend him, and found that a large portion of the bowels and omentum had escaped through the rent. The tear reached from the upper border of the symphysis pubis to almost the anterior superior spinous process of the ilium, and was nearly six inches in length. The whole mass was covered with dirt, straw and barnyard refuse. The parts were carefully cleansed with warm water, and then returned to the abdominal cavity. I now sowed up the wound, using silk ligature for the purpose. The case seemed almost a hopeless one, but as the intestines were not torn and the patient was young, stout and healthy, I was not without faith in his ultimate recovery. The sufferer was put in bed and his head and shoulders elevated. The knees were raised and supported by pillows, so that the wound should gape as little as possible. Hot fomentations were directed, and one-fourth grain doses of morph. sulph. every three hours. Strict quiet was enjoined, and from Wednesday noon, when my patient was put to bed, till Saturday night, his symptoms were very favorable. He then had high fever and complained of severe pains in the bowels, which were tender and somewhat tympanitic. They were now moved by injection, and the patient felt easier, but for a week his condition seemed exceedingly critical. The edges of the wound sloughed, and despite the assiduous use of disinfectants the stench was almost unbearable. Blood poisoning seemed imminent, but quinine stimulants and a nutritious diet had the effect of averting the threatened danger, and he rapidly im-

proved, and inside of four weeks I had the satisfaction of seeing him walking with the aid of a cane. I saw him last about three months after the accident. The cicatratix was firm and hard, and the Russian Jew, for such my patient was, experienced little or no inconvenience from his encounter with the vicious "Gentleman from Jersey."

G. K. TILLOTSON, M.D.

SELECTIONS.

CASE OF CANCER OF PANCREAS, ACCOMPANIED BY PHLEGMASIA DOLENS

BY LEONARD CANE, M.D., B. S., LOND.

[British Medical Journal].

The following case presents many points of interest. The patient, the Rev. A. M., aged 59, and married, had always enjoyed first-rate health until lately, when he suffered from indigestion and flatulence.

On July 16, 1881, he consulted me for the first time, complaining of discomfort after eating, flatulence, etc. The tongue was thickly coated with a white fur. His friends had noticed that he had not been looking so well for some months, but he had not complained of anything. A few days after this, he complained of pain in the right calf; and, on examination, I found slight swelling of the leg, and tenderness, especially along the inner side of the leg and ankle. The superficial veins appeared full. The leg was bandaged, and relief was derived from this. There was much sleeplessness, and chloral was given to procure sleep.

On July 29, the other leg became affected in a similar way, and it was now found that the saphenous vein on the right leg was plugged. It was hard, painful, and very tender.

As both legs were now affected, and there was no obvious cause for the phlegmasia dolens, a thorough examination was made. There was no history of syphilis, of rheumatism, or of any previous disease. The back was examined, but nothing wrong was found. The abdomen was thoroughly examined; no sign of any tumor was detected. Bearing in mind Trousseau's statement, that phlegmasia dolens was frequently associated with cancerous cachexia, a careful investigation was made. There had been no hæmatemesis, vomiting, etc. The heart and lungs were sound; the bowels constipated, but regular; the urine normal.

On August 15th, I saw the patient, in consultation with Dr. T. J. Walker. We agreed that there was phlegmasia of both limbs, that there was no appreciable tumor to be found in the abdomen, and no apparent cause for the plugging of the veins. He was ordered to continue antigout remedies, and to have both legs enveloped in flannel bandages. Strict injunctions were given that he should keep quiet in bed, and be moved as gently as possible, for fear of dislodging a clot.

Both legs and thighs continued to swell. The saphenous veins felt firm, like cords, and were very tender, and there were patches of capillary congestion on the thighs and hips; but, beyond this, there were no special symptoms. The tongue remained very coated. The pulse was regular. The temperature averaged about 99°, and never exceeded 100°; this was on one evening, when the whole of the thigh part of the left saphenous vein became rather suddenly occluded.

A mixture containing iodide of potassium and citrate of iron was now given, but without any apparent improvement. The thighs and legs were painted over the saphenous veins with iodine.

From September 13th to September 26th, he was attended by Dr. Walker, during my absence from home. He had slightly improved; the legs were less swollen, the hardness of the veins had diminished, and, in the upper part, the veins had become pervious. There was much less pain, but still sufficient to require small doses of morphia to procure sleep.

Early in October, it was noticed that he had slight difficulty in speaking. This was first discovered by his ineffectual atttempts to get out the word "Pocklington." He gradually became aphasic. He could understand perfectly what was said, but could not get out his words correctly. When given a pencil, he could write, but not spell correctly. A few days after this, it was noticed that he could not unbutton his clothes so well as before with his right hand, and that he had some difficulty in picking up small things. There was considerable loss of power in the grasp of the right hand, and the right side of the face was slightly paralyzed. The superficial veins on the hips, in the hypochondriac and hypogastric regions, became painful, then hard and tender, and then gradually lost their tenderness, but retaining their hardness for some time longer, before becoming again pervious. This occurred in one vein after the other for two or three months. The saphenous veins cleared at one time, and the œdema lessened; but a recurrence of the plugging took place on several occasions. The femoral veins were obstructed at one time. It was now observed that he was less intelligent, and that he could not bear to be read to, etc. He perfectly understood all that was going on, and could with some difficulty make himself understood.

On November 21st, I saw him, in consultation with Dr. Paley. A thorough examination was made, and diligent search for any abdominal tumor, but none could be found. A microscopic

examination of the blood was made, without any other result than the discovery that there was a marked increase in the number of white corpuscles. The patient at this time had a fairly g od color, not at all a cachectic hue.

From this time, the hemiphlegia became complete. There was paralysis of the right side of the face, the right arm and the right leg. The veins became pervious in the legs; and, when kept continuously in bed, the œdema disappeared. Occasionally, vomiting occurred after taking meals, but this was by no means a constant symptom. There was frequently hiccough.

On December 18th, after a prolonged examination (greatly favored by the emaciation, which had steadily progressed), I discovered, about an inch below the umbilicus, and on the left side of the spine, a flat irregular mass, hard, not tender, as the patient did not show any signs of pain when it was touched. It was not movable, and was apparently adherent to the spine.

From this date the patient gradually became more and more exhaustsd. He passed his motions and urine in bed; and had frequently hiccough for hours together, with occasional sickness. He was conscious up to the day before his death, recognizing people, but not apparently able to make any mental effort. He died on January 15th, 1882.

On January 16, a *post-mortem* examination was made, Dr. Kirkwood and Dr. W. E. Paley assisting me. The heart and lungs were healthy. There was no peritonitis. General engorgement of the veins of the omentum was present. The liver was adherent to the diaphragm over the whole of its upper surface. The stomach was healthy. The spleen was somewhat enlarged; on the surface, near the upper end, were some thickened patches of organized lymph. The kidneys and suprarenal capsules were normal. Below the stomach, there was an irregular mass, taking the place of the pancreas and extending downwards about four inches. It was closely adherent to the spinal column. On dissecting it away, and removing with it the duodenum and part of the aorta, vena cava, and their branches, the mass was found to consist of a cancerous growth, which had taken the place of the pancreas, leaving only a portion of the pancreas in an apparently normal condition. A number of cancerous glands joined into one mass surrounded the aorta and vena cava, and extended as far as one inch beyond the bifurcation of the aorta. On slitting up the vena cava, it was found to be empty. There was no sign of inflammation except in the right iliac vein, which was obliterated by inflammatory adhesion. The aorta appeared to be quite healthy. The head was not opened. In the veins examined, the blood was fluid, and no clots were found.

Remarks.—This case illustrates remarkably, I think, the statements of Trousseau on Phlegmasia Alba Dolens (*Clinical Lectures*, vol. v). He states: "I have long been struck with the frequency with which cancerous patients are affected with painful œdema on the superior and inferior extremities, whether one or the other was the seat of cancer. This frequent concurrence of phlegmasia alba dolens with an appreciable cancerous tumor, led me to the inquiry whether a relationship of cause and effect did not exist between the two, and whether the phlegmasia was not the consequence of the cancerous cachexia. I have, since that period, had an opportunity of observing other cases of painful œdema, in which, at the necropsy, I have found visceral cancer, but in which, during life, there was no appreciable cancerous tumor, and in which there existed a cachexia referable neither to the tubercular diathesis, the puerperal state, nor chlorosis. I have thus been led to the conclusion that, when there is a cachectic state not attributable to the tuberculous diathesis, nor to the puerperal state, there is most probably a cancerous tumor in some organ." Further on, he states of a patient diagnosed to have leucocythæmia, "Perhaps; but he has phlegmasia alba dolens, and consequently deep-seated, concealed cancer."

In another case of annular cancer of the pylorus, without special vomiting, the same symptoms led to the diagnosis of cancer; and he states that, "in other cases in which the absence of any appreciable tumor made me hesitate as to the nature of a disease of the stomach, my doubts were removed, and I knew the disease to be cancerous, when phlegmasia alba dolens appeared in one of the limbs."

ILLUMINATION OF INTERNAL CAVITIES BY MEANS OF THE ELECTRIC LIGHT.

BY THOMAS OLIVER, M.D., M.R.C.P.
J. B. PAYNE, F.R.M.S.

[British Medical Journal.]

At the last meeting of the Northumberland and Durham Medical Society I exhibited Mr. Payne's improved electric light appliances, and showed how some of them might be utilized for microscopical and clinical purposes. For the past few months I have been engaged with Mr. Payne in suggesting adaptations of these instruments to the purpo es just alluded to. Remembering that Sir Henry Thompson, more than a year ago, explored the bladder by means of the electric light, and that Leitz, of Vienna, is devising instruments for illuminating the throat, posterior nares, bladder, uterus, etc., Mr. Payne made an instrument by means of which the throat could

be examined. Having at the present time a patient in the infirmary who is suffering from hydatid disease of the liver—on whom the operation of abdominal section with incision of the liver had been performed—giving exit to about seven pints and a half of pus, I took advantage of the opportunity, and succeeded in lighting up the interior of the cyst by means of the electric light. For this purpose Mr. Payne devised and constructed a brass tube, electroplated, nine and a half inches in length, and elevensixteenths of an inch in diameter externally. One end of this tube was funnel-shaped, and the other was closed by a piece of glass; down this tube was inserted a narrow cylinder, which carried a Swan's lamp and the electric wires. This tube, with its glazed extremity, was smeared with carbolised oil, although, in future, I shall use carbolised glycerine for the window of the tube, and, with gentle pressure, I succeeded in passing it through the abdominal incision into the interior of the liver. The lamp was at once lit, and I had the pleasure of observing a greyish red condition of the wall of the cyst, studded across which were numerous yellow-white spots, evidently pus; a slight oozing, or sweating, was also noticed on the wall of the cavity. The illumination of the interior of the liver by means of the electric light was in every way satisfactory and successful; and, although it is of little aid in the treatment of the case in question, it has shown us that the lighting up of internal cavities is not only a possibility, but a matter of comparative ease. With the extremely small size of the Swan's lamp required (it is not much larger than an ordinary bean), and which gives a light equivalent to that from three candles, and with the improved instruments which Mr. Payne is devising, I see how the electric light might become useful in operations for vesico-vaginal, or recto-vaginal, fistula, and in certain diseases of the bladder. Before making use of this illuminating endoscope on the human subject, I tried its effects in a dark chamber; I read, with ease, a piece of print placed therein.

BOOKS AND PAMPHLETS RECEIVED.

FIFTH Biennial Report of the Trustees, Superintendent and Treasurer of the Illinois Southern Hospital for the Insane at Anna. Pp. 53. Springfield, H. W. Rokker, 1883.

OTITIS Media Purulenta, by Dudley S. Reynolds, M. D., Louisville, Ky. Pp. 8. (Reprint from the "Phila. Medical and Surgical Reporter," October 21, 1882.)

THE Therapeutic Value of Cephalic and Spinal Electrizations. By C. H. Hughes, M. D., St. Louis. Pp. 11. (Reprint from the Alienist and Neurologist.)

ADDRESSES by Levi C. Lane, M. D., and Edward R. Taylor, delivered on the occasion of the dedication of Cooper Medical College Building, San Francisco. Pp. 42. San Francisco, A. L. Bancroft & Co., 1882.

EXPERIENCE of an Opium Eater during the Withdrawal of the Drug. Recorded by C. H. Hughes, M. D., St. Louis. Pp. 10. (Reprint from the Alienist and Neurologist.)

THIRTEENTH Biennial Report of the Trustees, Surgeon and Treasurer of the Illinois Charitable Eye and Ear Imfirmary, Chicago. Pp. 27. Springfield, H. W. Rokker, 1882.

ANNOUNCEMENT of the Spring Session of Lectures and Practitioners Course of the College of Physicians and Surgeons of Chicago. A. G. Newell, 1883.

A PSYCHICAL Analysis of a Legally Sane Character. By C. H. Hughes, M. D., St. Louis. Pp. 30. (Reprint from the Alienist and Neurologist.)

THE Management of Chronic Inebriates and Insane Drunkards. By Albert N. Blodgett, M. D Pp. 24. Boston, Geo. H. Ellis, 1882.

THE Treatment of Acute Eczema. By GeorgeH . Rohé, M. D., etc. Pp. 7. (Reprint from the "Medi cal Chronicle.")

RIGHTS of the Insane. By C. H. Hughes, M. D. St. Louis. Pp. 7. (Reprint from the Alienist and Neurologist.)

THE ARMY.

OFFICIAL LIST OF CHANGES of Stations and Duties of Officers of the Medical Department U. S. Army, from Feb'y 23rd, 1883, to March 9th, 1883.

Brown, Harvey E., Major and Surgeon: to be temporarily assigned to duty at Mount Vernon Barrocks, Ala., during the absence on leave of Captain T. A. Cuningham, Asst. Surgeon. (Par. II. S. O. 17, Department of the South, March 6, 1883.)

Burton, Henry G., Captain and Assistant Surgeon: the leave of absence granted October 2, 1882, is extended two months. (Par. 2, S. O. 49, A. G. O., Feb'y 28, 1883.)

Caldwell, D. G., Captain and Assistant Surgeon: to be relieved from duty at Fort Fred. Steele, Wyo., and will report in person to the commanding officer, Fort Laramie, Wyo., for assignment to duty at that port. (S. O. 23, Dept. of the Platte, February 27, 1883.)

Paulding, H. O., Captain and Assistant Surgeon: the leave of absence granted in S. O. 11, Dept. of the Platte, Jan'y 27, 1883, is extended twenty days. (S. O. 23, Mil. Dir. of the Mo., March 2, 1883.)

Tesson, Louis S., Captain and Assistant Surgeon: to be relieved from duty at Fort Clark, Texas, and assigned to duty at Fort Ringgold, Texas, as Post Surgeon. (Par. V. S. O. 20, Dept. of Texas, Feb'y 21, 1883.)

The Weekly Medical Review.

Vol. VII. No. 10. CHICAGO AND ST. LOUIS, MARCH 24, 1883. Terms: $3.00 a Year.

Total Extirpation of the Tongue.—Dr. G. Fiorani (Revue de Chirurgie, January 10th, 1883 Gaillard's Med. Jour.), has successfully used the following procedure for total extirpation of the tongue. The patient, seated on a chair in the upright position, has the head well extended and supported on the breast by an assistant. A vertical incision, one-third of an inch in length, simply passing through the skin and cellular tissue, is made in the median line of the sub-hyoid region. The operator then introduces the left index finger into the patient's mouth, and passes it down into the left lateral furrow as near the hyoid bone as possible. A trocar is passed into the pharynx through the cutaneous incision, and the loop of a doubled wire passed through the canula. Through this loop a thread is passed, which is drawn out through the canula so that its ends remain in the mouth and the loop lies outside of the wound in the neck. This is also done on the right side of the neck, and the free ends of the thread passing through the left side are then drawn out on the right side. The thread is then replaced by a rubber cord two feet and a half long and one seventh of an inch thick, which is placed in position by passing it through the loop of the thread, and then drawing the ends of the thread out through the wound. One loop of the double elastic ligature is then passed forward over the tip of the tongue, so that it lies under the tongue on the floor of the mouth, and the ends are then tightened and knotted in front of the neck. Very slight pain is produced by the operation, and that caused by tightening the ligatures lasts a few minutes only. Inflammatory reaction can be subdued with ice. On the third day the tongue becomes gangrenous; infection is easily prevented by packing the mouth with iodoform gauze. The tongue should be secured by a thread passed through its tip, and separates on the tenth or eleventh day.

Laceration of the Perinæum is one of the commonest yet most deplorable accidents attending parturition. To guard against it, Mr. Alexander Duke recommends, in the British Medical Journal, that when the child's head is fairly engaged in the pelvis, and advancing with each pain, the left thumb or the first two fingers of the right hand, well lubricated, be introduced into the vagina at the beginning of a pain, and firm but gentle traction made upon the perinæum towards the coccyx, the tension being gradually relaxed as the pain passes off, to be renewed when another begins. He says that by this procedure the muscular structure is tired out and sufficient relaxation produced for the head to pass; that in most cases so treated there is no danger to the perinæum and the patient suffers no additional pain, as it is done during an uterine contraction.

A Sanitary Convention will be held at Reed City, Michigan, under the auspices of the State Board of Health, on the 26th and 27th of next month. The objects of the convention are, the presentation of facts, the comparison of views and the discussion of methods relating to the prevention of sickness. Among the subjects to be discussed are: "How Diseases are Contracted and Communicated; The Contagiousness of Diphtheria; Personal Liberties *vs* Public Health Laws; Coöperation of Citizens with Sanitarians a Necessity in Preventing the Spread of Disease; Medical Humbuggeries; The Ventilation of Ordinary Dwellings; Food and its Adulterations, and Drainage, Sewerage, Water Supply, etc."

In a Paper entitled "Remarks on the Death-rate of Anæsthesia, with an account of six fatal cases" (Brit. Med. Jour., Feb. 24), Mr. W. Roger Williams, remarks in conclusion: "I have observed that those who administer anæsthetics too often, do so without any fixed principles to guide them. This is regretable, because, as many of these cases show, the fundamental laws of the anæsthetic art cannot be disregarded without entailing a deplorable sacrifice of life. I will here endeavor to state, in the briefest manner possible, the most important practical inferences from them. With regard to chloroform then, subject to the attainment of the object in view, too much air cannot be given during its administration; and with regard to ether, too little air cannot be given during its administration. From this, it follows that a long time is required to induce anæsthesia by chloroform; but to produce the same result with ether, a short time is sufficient. Now by a long time, I mean about a quarter of an hour, and by a short time, about five minutes. Surgeons are not unfrequently to blame in this respect. How often one has heard it said to the chloroformist—'Be as quick as you can; I want to commence the operation in five minutes.' In my opinion, this is equivalent to saying—'Klll at least one per cent. of my patients.' Those kinds of inhalers are the best which most facilitate the fulfillment of these requirements. For giving chloroform, one with a wire framework, having a diaphragm of flannel, or some similar material stretched over the top of it, on which to evaporate the anæsthetic, but open at the sides, would be very good; but a piece of lint, or the corner of a towel, properly used, would do as well. A graduated drop bottle is necessary in any case, as only a small quantity of chloroform should be poured on at a time, which requires to be frequently renewed. For the administration of ether, Ormsby's inhaler seems to me to be the best; it was designed to fulfill the requirements just mentioned, and I have found it answer admirably. There is only one other point I will now mention, and that is the importance of watching the respirations during the process. To do so properly, of course the epigastrium must be uncovered. It is of much greater value than feeling the pulse, since, when the latter stops, there is, as a rule, an end of the patient. Mr. Lister has very ably insisted on this. However, I have found it generally neglected at King's College."

We Notice an Item going the rounds of the secular press to the effect that Prince Bismarck has written an earnest letter to an officer of a German anti-vivisection society, expressing hearty sympathy with the society's work, and saying that, were he not overburdened with other business, he would use all his influence for the passage of a law imposing upon every person convicted of vivi-section a fine so heavy that he would be likely never to repeat the offense. We take it that Bismarck is more a knave than a fool in this matter, and that he wants to curry a little influence from some hostile quarter.

Outwitting an Attempt to Evade a Fee.—The late Dr. W. Gibson told the following story in regard to luxation of the jaw: "An old, wealthy man came into the office of a surgeon with a luxation of the jaw to have it reduced. This was done, but on being asked the fee, the doctor mentioned an amount which the man insisted on having reduced one half. The surgeon said no more about the fee, but began to talk and told a laughable story. The man laughed heartily, and out went the jaw. He made signs to have it reduced, but the doctor said, 'When you pay down my fee I will put in your jaw.'"

The Cases of ligation of the vertebral arteries for epilepsy, which Dr. Alexander records, attest the fact that after ligature of one or both vessels patients who had previously had numerous attacks had ceased to have any. In one instance, a young woman who had 289 attacks during the year, and 124 during the month previous to the operation, had not had a single fit after it up to two months, when the report was made.

A Case of Forcible Removal of the Uterus is reported by Dr. Leonard Cane in the British Medical Journal. The patient was suddenly taken with labor-pains and hemorrhage, and had sent for the doctor, but before his arrival the pains had ceased, though there was still some hemorrhage. He made an examination, and finding that labor was not imminent and the time of expected confinement was a month distant, an opiate was left, with orders to the patient to remain quiet. Two days after he received word that the patient had died, the village midwife and a neighbor being the only parties present. Calling on the midwife, she told him that she found the patient fainting, with severe hemorrhage and the child already born, and that a "false conception" had come away after it. The neighbor said that the child was born before the arrival of the midwife, but that the patient had died soon after. She had kept the "after-birth" and what came away with it, and examination showed that the placenta was much broken up on its uterine surface and seemed to have been torn in removal. There was also a substance which proved to be the inverted uterus, and on re-inverting it, it was found that the whole organ had been torn away. The broad ligaments were torn, the rupture passing through one ovary, the other being attached to the uterus, and entire. The surface from which the placenta had been torn was ragged, and a small portion of the placenta was found still adherent. On post-mortem examination the remainder of the torn ovary was found, but the uterus with the rest of its appendages was missing. At the inquest, the midwife denied using much force, and would say nothing about anything coming away after the child. She said that she found the patient fainting when she arrived; that she cut the cord, took away the child, and removed the after-birth, which came away quite easily.

The Dog Tonic.—Charles Reade, the novelist, is credited with having named a dog Tonic, because it was a mixture of bark, steal and whine.

We find an excellent Lecture on hypertrophy of the prostate by M. Brosseau, and reported in L'Union Médicale du Canada. He states that hypertrophy of the prostate occurs in thirty-four per cent of the men who have passed their fifty-fifth year. The predisposing cause depends on the structure of the gland itself, but the exciting cause depends upon those causes which bring about a flow of blood to the part, such as sexual excitement, sedentary habits, etc. The principal symptoms of prostatic hypertrophy he gives are painful urinations, efforts at the beginning and retardation in the appearance of the stream of urine. Digital examination reveals increased size, the neck of the bladder compressed and raised high up, resisting the contractions of that viscus which becomes distended, from which results retention of urine and then micturition from over distension. The treatment is obvious; the catheter must do that which the bladder is no longer able to perform. Catheterization when repeated prevents exhaustion from continual efforts, and the decomposition of urine and uremia. The most inoffensive sounds are the soft rubber, the gum catheters without a style, those with a style, and lastly metallic sounds. Catheterization should be practiced regularly and as frequently as the bladder demands it; medicinal applications to the bladder are efficacious.

Explosive Mixtures of Drugs. — Hypophosphite of calcium, chlorate of potassium and sulphate of iron, mixed in equal parts are explosive. Chlorate of potassium and dentifrices containing carbon. Pills containing permanganate of potassium and vegetable extracts with iron inflame easily. Neither chlorates nor permanganates hould be triturated with glycerine. Chlorate of potassium detonates when rubbed either with sugar, tannin, sulphur or any easily oxidizable substance. An iodide and a nitrate may explode. Nitric and chromic acids should never be poured into a bottle which has contained carbolic acid, unless the latter has been thoroughly washed. A formerly well known Chicago surgeon was disabled by disregard or ignorance of this rule.

Suppression of Urine is a symptom not uncommon in the course of many diseases, but total suppression without previous ailment is very rare. A case of this kind, however, is related by Mr. Denis D. Donovan in the London Lancet, where both the kidneys failed to perform their function, and no urine was secreted for seventy-five hours. The patient was a man who had always enjoyed good health, and with the exception of an attack of syphilis twenty years previously, "which gave him very little trouble," he could not remember ever having been sick. For four or five days preceding his present trouble he had been drinking rather freely, and not eating much, and on the morning of the day before sending for Mr. Donovan he had experienced some trouble in passing his water, having a frequent desire to urinate, but voiding only a small amount. The last passed was at one o'clock of that day, the amount being about a wineglassful, of very high color. He had taken a teaspoonful of spirits of nitre to try and excite the kidneys to action, and also a glass of punch on going to bed to make him sleep, but did not succeed with either. His bowels were constipated, but there was no pain in the head or back. His expression was good, tongue furred and slightly red at the tip, pulse eighty, skin dry, temperature normal and no fullness or pain over the bladder or kidneys. A catheter was passed, but no water came away, not even a drop being detected in the eye of the instrument. The treatment consisted of a purgative mixture of jalap, sulphate of magnesia and senna, with cream of tartar and mucilaginous drinks. Poultices of linseed meal made with infusion of digitalis were applied to the loins every four hours. The next day a jalap draught and a mixture containing squills, digitalis and spirits of nitre were ordered, also a hot bath, the patient to be wrapped in blankets afterwards. This produced a free action of the skin, but the kidneys were still inactive. Except of thirst, there was no complaint of any kind. A hot sitz bath was ordered, the patient to remain in it for an hour, and to have dry cups applied to the loins, and on account of his thirst he was allowed to drink a couple of pints of warm ale. At four o'clock in the afternoon, after seventy-five hours total suppression, two ounces of very high colored urine were passed, and in about an hour afterwards twelve ounces were voided with a specific gravity of 1010, but containing no albumen. The secretion then became established, and in about a week he was at work feeling as well as ever. The theory advanced as to the cause of the suppression was that it was due to extreme vascular congestion of the kidneys, paralysing their secreting powers, and caused most likely by alcoholic irritation and exposure to cold.

Lead Poisoning is often produced in such ways that it is exceedingly difficult to trace the origin of the lead. A dressmaker was admitted to the Leeds Dispensary, England, having a distinct blue line on her gums, and other symptoms characteristic of lead poisoning. The attending physician took much trouble to ascertain the source of the poisoning and was unsuccessful until he accidentally learned from a merchant that silk thread which is sold by weight rather than by measure is sometimes adulterated with sugar of lead. He then questioned the patient, and learned that she was in the habit when at work of holding threads in her mouth, and that she had observed a sweet taste in some of the silk. This proved to be the source of the lead which had produced the characteristic symptoms.

The Annual Meeting of the association of American Medical Editors will be held in the city of Cleveland, Ohio, on the 5th and 6th of June, 1883, simultaneously with the meeting of the American Medical Association. The address of the president, Dr. N. S. Davis, of Chicago, will be upon the subject: "The Present Status and Tendencies of the Medical Profession and Medical Journalism." Dr. Henry O. Marcy, of Boston, will also deliver an address upon "Journalism Devoted to the Protection and Concentration of Medical and Surgical Science in Special Departments."

Apomorphia is used by Dr. Amand Routh (London Lancet, Dec. 23, 1882) in cases of poisoning, and he finds that it will produce prompt emesis without a depressing effect. While being a derivative of morphia, he says it has no narcotic effect in doses required to cause vomiting. He gives it hypodermically, using the solution recommended by Dr. Murrell, which is of the strength of one in fifty, and of this he gives three and a half to ten minims (one-fifteenth to one-fifth grain). Vomiting will occur in from two to five minutes, without previous nausea, the stomach emptying itself with a rush. Two cases are given in illustration of its prompt action. In one of these oxalic acid had been taken, and though the patient was evidently dying, five minims of the above solution were injected into the arm, producing free vomiting in two and a half minutes by the watch, and though the pulse rallied for a few minutes, it finally ceased. In the other case, two and a half bottles of brandy had been swallowed straight off by a lady; a dipsomaniac. She then went out for a walk, but dropped down insensible after walking about three hundred yards. Ten minutes after she was comatose, with a stertorous and infrequent respiration, dilated and insensible pupils, clenched jaws, slow and intermitting pulse. Three and a half minims of the solution were injected, and in exactly three and a half minutes about a pint of alcoholic liquid was expelled, and altogether in about five minutes a quart of hardly-altered brandy was vomited. She then began to improve, and after twelve hours' sleep awoke none the worse. In conclusion the Doctor says: "If only the certainty, rapidity and absolute safety of apomorphia were known, it would undoubtedly form part of every practitioner's paraphernalia."

An Important Principle of law which will probably be new to many of our readers, and is certainly ignored by many people, was brought to the attention of the Grand Jury at Patterson, N. J., by Judge Dixon in his recent charge to that body: A man in that city was employed as nurse, in a pest-house in the vicinity, to a small-pox patient. With a most culpable recklessness, he carried the germs of the disease to his home, taking no adequate precautions, if indeed he took any, and communicated the small-pox to his children, one of whom died. "If a man," says Judge Dixon in his charge to the Grand Jury, "conscious that he carries about with him the germs of a contagious disease, recklessly exposes the health and lives of others, he is a public nuisance and a criminal, and may be held answerable for the results of his conduct. If death occur through his recklessness, he may be indicted for manslaughter. It is held that where a person knowingly communicates a contagious disease to another, and death results, the crime is that of manslaughter. . . The man may be indicted also for spreading the disease by conscious exposure of others thereto, by his presence in public places, such as on the streets, in halls, etc. He might be indicted as a public nuisance for endangering the public health in this way, even if no consequences had followed. The law provides some penalty for such offences against the public safety."

The Action of Quinine upon the Ears is the subject of a paper by J. Orne Green in the Boston Medical and Surgical Journal, in which he studies the subject carefully, and reaches the conclusion that clinical experience the world over is that quinine occasionally produces serious injury to the ears; that our present knowledge warrants the assertion that quinine produces congestion of the labyrinth and tympanum, and sometimes distinct inflammation with permanent tissue changes; that the action of the drug upon the ears should always be considered in prescribing it, and that existing or previous imflammation of these organs constitutes a contra-indication to the medicine in large doses, or for a long time, except under urgent circumstances; and finally, that where large and continuous doses are absolutely necessary, an occasional intermission of the administration is desirable, if possible, to diminish the risks to the ears.

A Case of Malignant Polypus of the Uterus was related by Mr. G. S. Taylor at a meeting of the Sheffield Medico-Chirurgical Society (British Medical Journal). The patient, aged sixty-four, had been subject to profuse uterine hemorrhages, lasting from a few days to a few weeks, and had been under treatment for nine years. She died three days after the last attack. She began to menstruate at eleven years of age, had married early and had borne three children, the last when she was twenty-four years old. At the menstrual periods there was a profuse flow and no climactric cessation. There had rarely been any pain, and between the hemorrhages the discharges were never offensive and were generally watery. Any attempt at exploration caused profuse hemorrhage. There had never been a descent of any growth through the cervical canal. The autopsy showed the uterus to be five inches and a half long, with a smooth outer surface presenting several projections, and a soft and patulous os. The cavity was occupied by a placenta like mass, with large vessels attached to the fundus, surrounded by soft medullary matter. The walls of the uterus were infiltrated, and in some places nodules were formed. The ovaries were firm and white masses, each about the size of a pigeon egg. Sections of the growth, uterine walls and ovaries showed, when examined microscopically, the characters of medullary carcinoma. Mr. Taylor considered this one of those rare cases mentioned by West, Simpson and a few others, in which a malignant polypus grows from the interior of the uterus without previous disease of its orifice. The freedom from pain, the character of the discharge, and the long continuance of the disease, he regarded as the points of interest in the case.

Stricture of the Urethra, according to Mr. William S. Savory (London Lancet), is too frequently treated by the introduction of instruments. He believes that many cases of contraction due to spasm or tempory thickening of the membrane from inflammation, or congestion occur, which, if left alone, would rapidly clear up, but in which a permanent stricture is induced by the instrumental interference. Even an organic or permanent stricture, he believes, rarely comes under the notice of the surgeon uncomplicated by inflammation or congestion and spasm, and he asks the question, "are these conditions to be subdued by the employment of instruments?" He holds that many cases of so-called stricture need no instrumental treatment at all, and are only aggravated by it; and while there are cases in which at the proper stage much may be done by the judicious use of instruments, there are few which do not require previous and simultaneous treatment by rest, and other measures, to subdue the active mischief which almost invariably accompanies in a more or less degree passive structural contraction.

A Curious Case of spontaneous rupture of the bladder after retention is reported by Dr. Walker, of the Booth Hospital, Lancashire. (Foreign Corresp. Am. Practitioner.) Patient was a temperate man, had never had venereal disease nor sustained injury. He awoke suddenly one night, wanting to pass urine, and complained of violent pain about the pubis. A catheter was passed, but only blood was drawn off. He died three days after of peritonitis, and at the autopsy a rent two inches long was found in the anterior part of the bladder.

[No mention is made that the question of an exploratory abdominal section was raised in connection with the above case, but surely it would have been a wise measure and might have saved life.]

The same correspondent relates that Mr. Evans, of Swansea, amputated the forearm of a woman, eighty-two years of age, who was suffering from an enormous cancerous tumor of the hand. She recovered rapidly, the wound healing mostly by first intention.

A Young Englishman who stutters horribly enters a pharmacy: "I want," he says, "some syrup of hip—ip—ip—ip—" "Hurrah!" replied the young pharmacist on the other side of the counter.

So Many Stories have been told concerning M. Gambetta's eye that it becomes necessary to re-establish the true facts of the case. The most popular account is that M. Gambetta, when quite a boy, destroyed his eye because his father refused to take him away from school, and this is related as a proof of his determined character. This version has, however, the disadvantage of being absolutely false. The injury was due to an accident when he was a boy. A tool escaped from the hands of a workman in a turners' shop and struck Gambetta in the face, blinding him in one eye. In the course of years the anterior part of the globe gradually dilated and became so large that he could no longer close the eyelids. In 1867 the eye was removed by the celebrated oculist, De Wecker. De Wecker preserved the eye, but he ultimately lent it to the histologist, Professor Iwanoff, remarking at the time that t was the eye of a man destined, he was sure, to enact an important part in the history of his country. Two years ago Professor Iwanoff died at Mentone, having still in his possession Gambetta's eye. This relic, together with Professor Iwanoff's collection, was handed over to his most devoted pupil, the Duke Charles of Bavaria, brother of the Empress of Austria and of the ex-Queen of Naples. Thus the eye of the statesman and patriot who, as Dictator, contributed more than any one else to raise armies and resist the German invasion, is now in the hands of a German Prince.

The Toxic Power of Quinine and Cinchonine are not very clearly defined in classical treatises, and on this account M. Bochefontaine has made a series of experiments upon frogs, guinea pigs, rabbits and dogs, and has recorded his results in La France Médicale. Reasoning by analogy, he says, that to put the life of a man in danger would require a hypodermic injection of ten grams of sulphate of quinine, or eighteen of the sulphate of cinchonine. The dose would necessarily have to be increased when given by the mouth, and thirty-five grains of the quinine and fifty of the cinchonine would prove lethal. These figures are based upon the supposition that man is not more susceptible to these agents than the dog; but this is not altogether warranted, as clinical experience would rather seem to indicate that quinine and cinchonine have a more powerful action upon the organism of man.

A Case of Some Importance comes from a reliable source. (Wien. Allg. Med. Ztg.) A patient had a tumor of the tonsil, which Chiari carefully examined and pronounced sarcoma. On account principally of the glandular implication, both Billroth and Albert declined to operate. The case coming under the care of Weinlechner, he made sixteen injections of three drops of a 10 per cent. ethereal solution of iodoform into its interior and fourteen from the outside. On account of a serious hæmorrhage the left common carotid had to be tied. The tumor and adenopathy were entirely removed. Just how much the cutting off the blood supply had to do with this result each reader is left to figure out for himself.

A Death Recently Occurred at the Liverpool Eye and Ear Infirmary during the administration of dichloride of ethidene. The heart had been pronounced healthy. The anæsthetic had been given on a flannel inhaler, and the patient came quickly under its influence. Suddenly the pulse became feeble and then stopped. In spite of all and well directed efforts the patient never revived. There is a record of about two hundred administrations of the drug; its pleasant smell being in its favor, as well as the fact that but little nausea or disposition to struggle are caused by it.

The Semi-Annual Meeting of the District Medical Society of Central Illinois will be held in Library Hall, Pana, Ill., on the 24th of next month. Essays on the following subjects are promised: Typhoid Fever, Rheumatic Fever and Complications, Malignant Growths, Erysipelas, Surgical Dressings, Metrorrhagia and Spinal Fever. Dr. John H. Miller is the secretary.

That the way of the Dentist is sometimes hard is shown by the following New York item: "A verdict for $1,200 damages was rendered yesterday by a jury in the Court of Common Pless in favor of Mrs. Jessie M. Izard and against Dr. John Westbay, a dentist. Judge Van Brunt gave the plaintiff an extra allowance of five per cent. Mrs. Izard went to Dr. Westbay's office to have a tooth extracted. He operated upon her, and, she charged, broke her lower jaw. His defense was that he did not break her jaw, but only a decayed tooth, and that the pain she subsequently suffered resulted from her failure to take proper care of her mouth after the operation."

Another very recent verdict gives us the latest New York quotation on pattellæ, for we read in newspaper items that "William Collins, a bootblack, was accused of not having paid his fare, and one of the deckhands pushed him off of a Fulton ferryboat. He fell, and his kneepan was broken. He was in the Brooklyn Supreme Court to-day on crutches, and the jury awarded him $5,000 damages."

At the Paris Societe de Chirurgie, Poulet read a note on Tubercular Osteitis or Caries of Bone (Progres Méd., Dec. 23, 1882), in which he formulates the following conclusions: These affections separated by Nelaton are really the same. The tubercle characteristics are always to be found in carious bone. These osseous tubercles present in three forms, according to their development. 1. Primary and chronic tubercle leading to necrosis of a limited portion of osseous tissue, and to the formation of a cavity containing a sequestrum. 2. Tubercle which is late in development but rapid in its course; it is developed in organisms already debilitated, and in bone which has undergone fatty degeneration; the classical caries fungosa belongs to this class. 3. Acute tubercular osteitis, analogous to acute caseous pneumonia.

Primary chronic tubercle is curable by partial operation, such as curetting or extraction of sequestra. When persons already debilitated suffer from the second form, more radical treatment is required; exsection or amputation is then called for.

At a more recent meeting of the same society, there was a notable discussion concerning the best means of avoiding the difficulties obtaining during and after exsection of the lower jaw. The most annoying feature is, perhaps, the liability of the tongue falling back into the pharynx and over the larynx. Despres obviated the difficulty by passing across the mouth an iron wire, which was made fast on either side; a silk thread was then passed through the tongue and fastened to the wire. The patient was fed with a tube passed partly down the œsophagus. Verneuil, after many experiments, had adopted a nearly similar plan; only he used a gum-elastic tube passed through the base of the tongue instead of a silk thread. He had been assured by an interne that a soft rubber tube could be borne in the œsophagus for thirty days or longer. Pozzi had seen such a sound cause great discomfort after twenty-four hours. Trolat and Despres thought such a sound should never be allowed to remain.

A Most Happy Result followed a new operation for spina bifida performed by Mr. Mayo Robson. (Br. Med. Jour.) He dissected off the tumor, stitched the edges of the arachnoid together over the spinal canal, and then transplanted a piece of periosteum from a rabbit to a site between the meninges and the skin, so as to cover up the gap in the bones. The wound healed perfectly, the skin was quite level over the lumbar region, there was no tenderness, and the child seemed perfectly well. The meninges were closed by uniting their serous surfaces, as in peritoneal surgery.

The Acid of Gastric Juice is said by M. Poulet (Jour. de Méd. de Paris) to be neither lactic nor hydrochloric acid, but hippuric acid in the form of acid hippurate of potassium, combined with neutral phosphates of lime and sodium. He claims that microscopic examination of the crystals and experiments with dialysis demonstrate this conclusively.

Cancer of the Vermiform Appendix is interesting from its rarity. Prof. Thiersch has reported a case in the Berliner Klinische Wochenschrift, in which the tumor was at first thought to be situated in the abdominal walls, owing to the fact that it had become adherent to the wall very early, and to the further fact that for the space of three years there had not been any intestinal disturbance. The tumor, which was as large as the fist and ulcerated superficially, moved with the pulsations of the iliac artery, and also with the abdominal wall. There was in the bottom of the ulcer an opening large enough for the passage of the finger, which being introduced seemed to enter an internal cavity, which was taken for the lumen of the colon, for the reason that a piece of the growth which had been examined showed it to be an intestinal adenocarcinoma. The operation undertaken was rendered difficult from the relation of the tumor to the large vessels, and showed the cavity to be continuous with the vermiform process, which was very much dilated. There was a tumor about the size of a walnut involving the junction of the process and cæcum, and necessitating for its removal the excision of a piece of the gut three inches long by an inch and a half wide. Death occurred in thirty-six hours. The autopsy showed some lymph around the sutures in the intestine, and cancerous involvement of the retroperitoneal glands.

Billroth made fifty-eight operations for removal of goitrous tumors from 1877 to 1882, three of these being recedives. (Wien. Med. Woch.) Excluding two patients, who died from complications having no connection with the operations, and five whose tumors were of malignant nature, we have forty-eight patients with simple bronchocele with forty-four recoveries, a mortality of 8.3 per cent. Previous to the use of antiseptics he had a mortality rate of 30.1 per cent. Five of these cases required tracheotomy during or after the operation on account of threatening asphyxia. According to Wölfler, who reports the cases, total extirpation is neither difficult nor dangerous.

Chromic Acid in solution has been used by Mr. Henry T. Butlin (Practitioner) in certain inflammatory states of the tongue, with good results. The strength of the solution used was ten grains to an ounce of water, which was painted over the parts with a camel's hair-brush. Cases of chronic superficial glossitis caused by immoderate smoking and drinking, and frequently combined with syphilis improved under the use of the solution; but it was in secondary syphilitic ulcerations, mucous tubercles and condylomata, that its greatest benefit was seen, a few days sufficing for their cure. He says that the raised areas accompanying these affections rapidly subside, andthe red areola surrounding them disappears, the mucous membrane returning to the normal color. He says there is no pain caused by the application, though at first there may be a little smarting.

Hospital Saturday and Sunday, in New York, realized the sum of $33,762,72, which amount, less expenses of collection, etc., has been distributed among the hospitals of the city in proportion agreed upon by the committee in charge. It will not be long before all our large cities, and many of the smaller ones, will have a hospital Saturday and Sunday.

A Patient suffering from cicatricial stenosis of the pylorus came under the care of Prof. Soreta, of Bologna (Lond. Med. Rec.), who made abdominal section, opened the stomach, dilated the pylorus mechanically, and closed both wounds. The patient recovered with relief from distressing symptoms.

A Short Funis, or rather a funis whose available length was diminished by being four times coiled around the neck of the child, was the cause of a retarded delivery in a case reported by Dr. Beebe in the Obstetric Gazette for February. The birth took place immediately upon the division of the cord.

Mustard and Molasses plasters are recommended by Dr. Tyson, as forming a mild, pleasant counter-irritant, which can be worn for hours.

The Possibilities of Electricity in medicine seem to be without limit. Dr. Suprunenko reports a case (Centralblatt f. Chirurgie) of inguinal hernia strangulated for three hours, and which had resisted taxis, that yielded to a moderately strong induction current and disappeared entirely in less than two minutes. Another case is mentioned in the same journal as under the care of Dr. Pergamin. The patient was a man eighty years old, who had a hernia which had been strangulated over twelve hours. Taxis, kept up for two hours, failing to reduce it, the induction current was tried for fifteen minutes, but without effect. The current being still maintained, taxis was again tried, and in two minutes reduction was accomplished, the bowel returning with a gurgling noise.

Quenu has collected from literature six cases of spontaneous rupture of the rectum, in the Revue de Chirurgie, to which he adds one. The rent in the gut may be either parallel to its axis or transverse. If the rupture be above the peritoneal pouch, there may be prolapse, otherwise not, unless there have been previous prolapse. He holds that such an accident can only occur when there has been a previous pathological process—alcoholism predisposes. The therapy in the above cases has been, with one exception, of no avail. Reposition is most difficult; if it succeeds, sutures must be applied, which may require a laparotomy; this latter would also be necessary if reduction were impossible. Prognosis must always be unfavorable.

Acute Articular Rheumatism in young children is so rare a disease that some writers deny that it occurs at all. Dr. Webster S. Smith reports to the Medical News of February 24th an unquestionable case in a child two and a half years old, which terminated in death after a duration of four weeks.

The Twelfth Congress of The German Surgical Association will be held in Berlin, from April 4th to 7th, under the presidency of Prof. von Langenbeck.

In a Recent Issue we gave an account of some quite recent trials of pulsatilla in epididymitis. And now comes Dr. Henderson, of Shanghai, China, and recommends giving twenty grains of salicylate of sodium every hour for a few doses and then lengthening the interval. He would use it especially in acute cases, accompanied by considerable fever. (Lancet, Dec. 16.) It is possible that his cases were of rheumatic origin, though we hardly think the Chinese acquire it in any different manner than the majority of sufferers in other parts of the world. As he only reports three cases, we may hold further trials are in order.

Winiwarter, of Liege, reports in the Wien. Med. Wochschft, a case of obliterated ductus choledochus. In three weeks the gall bladder was distended to an enormous size, and there was intense icterus. After failing by aspiration, he made the operation of cholecystotomy, and established a fistulous opening. The patient recovered in good shape.

NEWS ITEMS.

The New York Polyclinic has had one hundred and twelve physicians studying in the various classes since November 7th last; and two thousand five hundred patients have been treated in the Polyclinic building within this period.

We are in receipt of the 16th Annual Report of the Alexian Brothers' Hospital, Chicago, for 1882. It shows that during the past year 1,046 patients have been treated, of whom 97 died. Two-thirds of these were charity patients. Nearly one-tenth of the whole number (92) had typhoid fever; of these seven died. Eleven major amputations were made. The institution is a most worthy charity and deserves well at the hands of all.

The Masterly Article written by Dr. E. W. Jenks, and published in the Gynaecological Transactions, on "The Practice of Gynaecology in Ancient Times" has been translated into German, and appears in the last number of the German "Archives of the History of Medicine."

CONTRIBUTIONS.

REPORT OF AN INTERESTING CASE OF PELVIC ABSCESS TERMINATING IN RECOVERY.

BY H. REINEKING, M.D., FRANKLIN, WIS.

[Read before the Rock River Med. Society].

On Sept. 29, 1882, I was called to see Mrs. S. H., and obtained the following history: Patient is thirty-eight years old; married; family history good; her general health has been good from childhood until two years ago. She began to menstruate at the age of thirteen years, and married at twenty-one. She is the mother of six children, three of whom are living and healthy, the youngest being eight or nine years old. She has never had an abortion. Menstruation has been normal between her pregnancies and after the last one, and no symptoms of pelvic disease were noticed until two years ago.

During Nov., 1880, she began to notice frequent painful sensations and tenderness in her right iliac and hypogastric regions, extending down into the pelvis. The only probable cause known was, that she had frequently, while helping in a cheese factory, leaned her body over the border of the cheese vat, which caused considerable pressure on the lower part of the abdomen. She does not now recollect the exact point where this pain commenced, or where it was most severe. This gradually increased, and there soon appeared a very hard and tender swelling of these regions, gradually extending upward to near the margin of the costal cartilages. I am not able to obtain a very accurate history of this attack, but the attendants state that the whole abdomen became swollen, so that the physician then in attendance at first even claimed the seat of disease to be on the left side. All the symptoms of severe suppurative inflammation developed—frequent chills, high fever, excruciating pain, vomiting, anæmia, extreme debility, and emaciation, her weight (determined by actually weighing her) being reduced from one hundred and fifteen to sixty pounds. There was no evidence of intestinal disease. I am not fully informed of the treatment at that time, except that hypodermic injections of morphine, warm sitz baths, hot vaginal injections, poultices and leeches were used. *No exploratory puncture was made* at any time; no vaginal examination was made until the disease had lasted about three months, and then by a consulting physician. At the same time the prognosis was given that she could live at most nine or ten days longer. The opinion expressed to the husband was, that it was a growth connected with the ovary. Nevertheless she then began to improve, under most conservative treatment, and about May 1st, 1881, five months after the commencement of the attack, was able to leave her bed. She then gained rapidlly in weight and strength, and apparently regained perfect health. She does not know whether the induration ever entirely disappeared. No pain or uneasiness was felt during a period of about a year following.

During the spring of 1882, while exerting herself at work in the garden, she felt a severe lancinating pain at the seat of her previous disease. This soon subsided, but recurred several times during the summer. About the middle of August, while on a step ladder and reaching to a high shelf, she stumbled and fell, but without striking on her abdomen. This was followed by a severe attack of the pain, which now became constant and more and more severe, mostly so at a point somewhat to the left and above the right anterior superior spinous process of the ilium. The hardness also reappeared, being first noticed at the point just mentioned, and rapidly spreading, so that by September 1st she was again confined to bed.

A physician was called, who administered quinine, anodynes and counter-irritation. In spite of all she went from bad to worse. I was called about four weeks after the beginning of this attack (Sept. 29, 1882), and found her in the following condition: General appearance extremely anæmic, weak and emaciated, face pinched, voice very weak, pulse 120-125 and very feeble, temperature 100° F., tongue coated and dry, appetite completely lost, nausea and vomiting. For the last two or three days her stomach had not even retained a teaspoonful of water or a few drops of brandy. Bowels constipated, but not persistently so, nor has there been any discharge of anything except fecal matter. Heart and lungs normal. Urine contains a moderate amount of albumen. Bladder very irritable, micturition extremely painful. Sensorium not affected. There has been only one very slight chill during this attack, about a week ago. The right iliac and inguinal regions and right half of the hypogastric region were occupied by an extremely painful, tender and hard swelling, extending backward above the crest of the ilium for about two inches, upward to the cartilage of the ninth rib, from there in a curved line to about an inch above the umbilicus, and about one and one-half inches across the median line to the left. No fluctuation could be detected at any point, and as the tenderness and hardness were nearly equally great at all points, no exploratory puncture was made this day.

Vaginal examination showed the uterus slightly displaced downward and to the left, and but very slightly movable. It was held in this position by inflammatory exudate, causing a tumefaction which could be felt at the right of the uterus and pretty well back (perhaps entirely behind the broad ligament). This tumefaction felt firm, but not hard; nor could careful palpation detect deep fluctuation.

I ordered enemata of anodynes, stimulants and

nourishment, putting the stomach completely at rest for two days, when it again retained considerable nourishment. Warm poultices were applied externally. Anodyne suppositories were used. The bladder was washed out with a weak solution of morphine, which also gave great relief. Still her strength markedly failed and it became evident that there must be pus somewhere, and that unless something more was done she must soon succumb.

On October 2nd Dr. Moorehouse, of Plymouth, was called in consultation. By this time the swelling had become markedly prominent and tender at a point about three inches to the left and above the right anterior superior spinous process of the ilium, and on puncturing at this point with a common hypodermic syringe I withdrew the same full of pus. Accordingly the patient was etherized, and, under antiseptic precautions, we carefully dissected down to the pus, which was reached before any muscular tissue had been cut. The matter was extremely offensive, and measured six ounces or more. The cavity was carefully searched, both with finger and probe, to determine if there was any fistulous communication with the abdominal cavity or other parts of the swelling, but none was discovered at this time. By passing the finger upward the lower border of the costal cartilages could be felt. The pus cavity was carefully washed out with a five per cent solution of carbolic acid, packed with carbolized lint, and covered with a thick layer of carbolized absorbent cotton kept in place by a broad bandage. While the patient was under the anæsthetic, other portions of the swelling were punctured, but no other seat of pus was detected. On puncturing the projection in the vagina, we also failed in obtaining pus. I should, however, state, the syringe used was a common hypodermic syringe, and to the small caliber and shortness of its needle may have been due the failure of detecting pus at that time. Failing thus in discovering any communication of the abscess with other parts of the swelling—finding no pus low down in the pelvis — and the pain and swelling in this attack having first been noticed at the seat of the present opening, we were almost led to consider it a case of abscess of the abdominal wall, with a large surrounding zone of inflammation. This explains the course of treatment pursued. The symptoms, however, were rather too severe for a simple abscess, and the future history of the case clearly showed its true nature.

The abscess was frequently washed out with a 2½ per cent solution of carbolic acid; the dressings were frequently changed; antiseptic precautions were observed, and the strength of the patient preserved as much as possible. This was followed by marked improvement in all respects, and during the following six days the pulse ranged from 96-110, the temperature from 99°-100° F. The swelling diminished somewhat, but there remained a marked prominence in the median line, half way between the pubis and umbilicus. This was explored twice between October 2nd and 10th, but no pus found. From October 10th–16th the general symptoms were not so favorable, the pulse rising again to above 120, the temperature from 99.5°-101° F., and the patient, although taking a fair amount of nourishment and stimulants, still evidently failing in strength. On October 16th, I again explored the central prominence, and withdrew a small amount of fluid, which, although it did not show the appearance of pus to the naked eye, under the microscope proved to contain a great number of pus corpuscles. Next day Dr. Muth, of Sheboygan, was called in consultation, but after a most thorough exploration of both the external central prominence and per vaginam, with the instrument at our disposal, we failed in finding anything that we could recognize as pus, and, as the general symptoms had again become somewhat less urgent, did not feel justified in making an exploratory incision in either one of these dangerous localities. At this time it was found that by pressure over the lower portion of the tumor a considerable amount of pus could be made to flow from the external opening, proving that there must be a fistulous track running downwards, but we did not succeed in passing a probe into it. The patient had now comparatively little pain, and was taking a good amount of food; still the pulse continued very high, at times running as high as 144 beats per minute, an indication that there must still be an undiscovered seat of evil somewhere. On October 30th I again punctured several times, still finding no pus. At this time I also found that by pressure through the vagina I could make the matter flow out of the external opening; this also aided in thoroughly evacuating the pus. A few days later I succeeded in introducing a flexible catheter downwards for about six inches, but its point could not be felt through the vagina. A drainage tube was inserted and carbolized water injected through it at each dressing until it returned perfectly clear. November 4th I noticed that the central prominent portion was softening somewhat, and becoming more pointed; on the 5th pointing was distinct, still as the patient begged to postpone opening it until next day, I desisted, and on the 6th it had broken spontaneously, at a point just midway between the pubis and umbilicus. This opening I enlarged, and found it to deviate very considerably to the left to the border of the nonindurated portion, and to this fact also may have been due some of my previous failures when searching for pus. This opening seemed to be only the termination of a broad fistulous track, considerably expanded just under the integument, and leading to the same abscess cavity as the one previously discovered. This was indeed proven the

next day, when water injected into the upper opening passed out through the lower one. The pus coming from this opening was also extremely fetid, and contained inspissated masses of various sizes, having the appearance of long retained and partly dried pus. This still facilitated thorough cleaning of the wounds. The dressings were made under carbolized spray. November 9th the pulse was 116, the appetite very fair, the amount of pus had greatly diminished and all offensiveness disappeared. At this time, and for some time previous, the pus or other fluid in the abscess cavity could also be more plainly felt through the vagina; by injecting water through the upper opening and closing the lower one a distinct bulging could be felt at the right of the uterus. Still there was evidently a thick layer of tissue between the finger and the fluid, and as the cavity could be so thoroughly cleansed through the openings in the abdominal walls, no attempt was made to establish an opening per vaginam. Owing to the flexuous course of the lower fistula, I never succeeded in introducing a probe into it further than about two inches and a half.

After the middle of November the improvement was very rapid; the appetite was remarkably good, the pulse soon remained below 100, and the discharge and induration diminished gradually. Drainage tubes were kept in both openings until the discharge was reduced to a minimum, they were then gradually shortened, and about February 1st, 1883, were exchanged for simple cords of twisted carbolized cotton. These were also dispensed with February 14th, and a simple dressing of resin cerate applied over the small remaining openings. February 18th, about six months after the beginning of the attack, healing was complete, nothing more could be felt of the fullness in the vagina, though the abdominal walls still retained a little of their hardness. She had gained remarkably in weight, and all sense of pain or uneasiness at the previous seat of disease had disappeared.

This case presents a few points of interest to which I would like to call attention: First, it is strongly probable, and almost certain, that an abscess existed in the pelvis of this woman ever since her first illness; that it began in 1880 as a suppurative periuterine cellulitis, the production of pus becoming limited, a thickened wall of connective tissue forming around it, so that its presence became innocuous, until through a new exciting cause new suppurative inflammation was set up in the same locality, and the pus burrowed its way between the peritoneum and muscles to the points of exit. To support this diagnosis we have above all the previous history of the case, then the inspissated and fetid condition of the pus coming from the lower opening, and also the fact that similar cases have occurred in this and in other parts of the body.

Second, the treatment pursued was not exactly in accordance with the rule laid down by authorities, viz., to establish, whenever practicable, an opening at the most dependent point, i.e., through the vagina. The reasons for this deviation have partly appeared in the previous history. After the presence of pus low down in the pelvis had been established with certainty, the drainage was so good and the general symptoms were so favorable, that no further surgical interference seemed indicated as long as no change for the worse took place. True, if a proper exploring instrument had been at hand in the beginning the diagnosis might have been more complete at once, and a different course have been pursued, perhaps to the advantage of the patient. The objects kept in view throughout the treatment were: 1. Thorough evacuation of the pus (drainage). 2. The securing and maintaining of perfect asepsis; and 3. The building up of the patient.

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*EXPERIMENTAL AND CLINICAL INVESTIGATIONS OF DISEASES OF THE BRAIN AND THEIR INFLUENCE ON THE CIRCULATION IN THE EYE.**

BY DR. M. W. AF SCHULTEN.

The experimental parts of these studies were principally made in the Physiological Institute at Leipzic, on rabbits. The perfect methods employed and the important results obtained, make it desirable to give at least a short synopsis of them. Of the means employed we will only mention the ingenious opthalmoscope, which magnifies the back ground of the eye thirty to fifty times, and the improved bulbus manometer. We will here only mention the results obtained.

I. The circulation in the eye. The experiments made in regard to this led to the following results: 1. The elastic distensibility of the bulbus is relatively great when small degrees of pressure are employed, but when increased to thirty or forty mm. Hg. it is almost = O. 2. The amount of blood in the eye is directly dependent on the pressure in its blood-vessels. 3. Every increase of this pressure, whether induced by increased supply or venous impediment, produces hyperæmia. 4. Every decrease of blood-pressure (ligature of the carotid, venesection or debility of the heart) immediately produces anæmia of the eye. 5. The blood-vessels of the eye are subject to the influence of vaso-motor nerves, which are partially conducted by the cervical sympathetic, and probably partially by the trifacial. They have a considerable influence on the blood contents of the eye. 6. The vaso-constrictors decrease the blood contents of the eye. 7. The tension of the blood-vessels is decreased or abol-

*Centralblatt f. Nervenheilkunde Psych und gericht Psycho. atn.

ished by such local cause as will produce the same effect in other parts of the organism, namely, temporary anæmia, removal of the outer support which the vessels normally have. The result is hyperæmia of the eye. 8. Although the blood tension in the eye is lessened by abolishing or diminishing the impulses of the vaso-constrictor centres, it remains without effect on account of the general decrease of blood pressure. But the interruption of the vaso-motor impulses of the sympathetic is not sufficient to decrease the tension of the blood-vessels of the eye. 9. The existence of active vaso-dilator nerves of the eye in the trifacial is very probable. 10. The fluids of the eye (humor aqueous and vitreous) keep up a tension in the ball equal to eight to ten mm. Hg. 11. External pressure on the eye influences the blood contents of the same. The normal pressure due to muscular tension is probably only transient. 12. Notwithstanding the marked changes in the contents of the blood-vessels in the eye, the calibre and appearance of the same, especially the arteries as far as they can be observed in the retina and choroid, are little changed. The tonus of the vessels however, is plainly indicated by changes in the diameter of both arteries and veins. 13. After death a certain amount of blood remains in the eye.

From these results the general conclusions are drawn: That the circulation in the eye is subject to the same laws as everywhere, with the difference due to the anatomical construction of the eye; that with increased pressure the decreasing distensibility of the sclera opposes every sudden and marked increase of the blood, and moderates the deleterious action that strong currents of that fluid could produce in this delicate organ. The course of the retinal vessels through the optic nerve and the oblique course of the choroidal veins through the sclera probably serves to stay the otherwise too rapid exit of the blood from the eye.

II. The circulation of the brain was investigated principally by determining the inter-cranial pressure and measurement of velocity, and inter-arterial pressure (Carotis int.) The results were completely analogous to those found for the eye, so that the facts enumerated there under 2, 3, 4, 5, 7, 13 are entirely true here, also what was said under 1. only that the dura mater is considerably more elastic than the sclera.

Of the points differing I only mention the following: Whether the vessels of the brain receive active vaso-dilator nerves is not known: The cerebro-spinal fluid of itself does not keep up a positive tension in the cranial cavity, the existing tension being due exclusively to the quantity of blood in the brain: A pathological increase of inter-cranial tension or pressure has an influence on the quantity of blood in the brain: A marked difference between the circulation of the eye and the cranial cavity lies in the fact that the blood contents of the brain and its membranes is relatively much greater than that of the eye, and therefore also suffers much greater changes, especially because the inter-cranial pressure is much less, and further because the quantity of cerebro-spinal fluid in the brain suffers considerable changes.

III. The dependence of the circulation in the eye on that of the brain is expressed by the following sentences: 1. Collateral hyperæmia of the brain is accompanied by the same in the eye, and manifests itself by increased intra-ocular pressure and slight dilitation of the blood-vessels of the retina and choroid. 2. A passive (venous) hyperæmia induces the same of the eye only when the venous obstruction is central in the vena jugularis or especially when in the thorax. 3. Decreased arterial supply (compression of the carotid) gives rise to marked anæmia in the eye and decreased intra-ocular pressure. It is of interest that when the compression is one-sided, the lesions are almost entirely confined to the same side. 4. Increase or diminution of cerebro-spinal fluid has no direct influence on the eye, but can affect the circulation indirectly by compressing the art. centr. retinae in the optic sheath.

IV. Pressure in the brain and its influence on the circulation. A. By injecting one-half per cent solution of chloride of sodium into the subarachnoidal sac, with constant pressure, when the inter-cranial pressure rises to forty to fifty to sixty m. m. Hg., a characteristic picture will appear in the eye.

The excavation of the disk is decreased as its floor is pressed forward (chocked disk). Its diameter is diminished and the space between the afferent and efferent vessels becomes smaller. The retinal arteries and their branches appear thinner. The veins swell, appear darker and more tortuous, small, hardly visible veins now appear plainly. When the pressure increases to ninety to one-hundred and twenty to one-hundred and forty m.m. Hg., when convulsions occur and respiration stops, these disturbances become more marked, especially the narrowness of the arteries. When the former pressure lasts one and a half to four hours, the changes produced are well marked and only pass off on the following day. When the intra-ocular pressure is considerably increased a marked retardation of the current in the retinal vessels occurs, so that one can plainly see the passage of the blood corpuscles. These facts are thought to be entirely in accordance with affections of the brain, in which an abnormal quantity of fluid has accumulated in the ventricles and in the subarachnoidal sac, as in hydrocephalus and chronic meningitis. Brain tumor influences the circulation only

when it is complicated with exudation into the sub-arachnoidal space. The cause of the intra-ocular appearances, of which the most marked is choked disk, is the necessary encroachment of the cerbro-spinal fluid into the inter-v[illegible]inal spaces of the optic nerve and the resultan compression of the vasa centralis retinae, which was also produced experimentally.

The action of the heart during increased intra-cranial pressure is exhibited in the following manner. 1. As long as the intra-cranial pressure is less than the normal blood pressure the frequency and type of the pulse remains unaltered. 2. When the intra-cranial pressure nearly reaches the blood pressure the latter increases, while the frequency of the pulse diminishes, and the line of ascent of the pulse wave is steep and the heart occasionally intermits. 3. If the intra-cranial pressure still increases the frequency of the pulse increases and the pulse wave becomes shallow. The respiration is at first increased in depth and slow, often stertorous, later frequent and superficial. At very high pressure epileptic convulsions occur with dilation of the pupil.

All these phenomena can be explained by irritation of the medulla oblongata in the begining, with consequent paralysis of the same by the ultimate anæmia.

B. Intra-cranial pressure in consequence of localized pressure in the cavity, has in every case the same effect as general constant pressure, only the disturbances seem to vanish in as far as the brain accomodates itself to the decreased space. The disturbances in the eyes are always bi-lateral wherever the tumor is situated. Besides the symptoms of general compression of the brain, such symptoms as are produced by the localized pressure on the adjacent parts of the brain, may be observed.

V. Concussion of the brain and its influence on the eye. A blow with a padded hammer on the head invariably produces an increase of blood pressure which, however, is transient and similar to irritation of a sensory nerve. Of the same transient character is the accompanying "Vagus pulse." Additional blows have very little or no influence on the blood pressure (just as with repeated sensory irritations). The intra-ocular pressure exhibits an increase contemporary with that in the brain, but quickly falls to or below the normal, as soon as the blood pressure has fallen. On further blows it sinks more and more. The intra-ocular blood-vessels show diminished distention and become smaller. The cause of these phenomena is irritation of the medulla oblongata. The other symptoms (pulse, respiration) are entirely the same as in compression of the brain, and are conditional here as well as there on irritation and finally paralysis of the centres situated in the medulla oblongata. The phenomena were the same, whether extravasations of blood were afterwards found in the medulla oblongata or not.

At last the similarity in the symptoms of compression and concussion of the brain has been satisfactorily explained. The certain and the only means of diagnosis between the two is the opthalmoscope.

URETHRAL CARUNCULÆ.

BY DR. H. V. TUTTON, SOUTH BEND, INDIANA.

Nowhere do we find in gynecological works more than a passing notice of urethral carunculæ; the causation is unknown, the pathology illy or not at all understood, and the treatment based on empirical, rather than rationai grounds. And yet it is a disease of very frequent occurrence, in many instances difficult of treatment and capable of causing an amount of suffering unparalleled by any other affliction of equal gravity.

We shall attempt in this paper to elucidate some of the vexatious questions which, no doubt, have repeatedly arisen in the minds of practitioners who have been called upon to treat this disease, and concerning which their text-books are silent.

The typical carunculæ are soft, red, elevated, exquisitely tender spots situated in the urethral mucous membrane, prone to bleed from slight causes, and exceedingly susceptible to external irritations. They occur most frequently in nervous, irritable females, who are near or have passed the climacteric period, though no age after puberty seems to be exempt, and are generally, or always, preceded by a history of urethritis, vaginitis, cystitis, or a uterine or ovarian lesion, causing cystic or urethral irritation, as may in most instances be easily demonstrated.

The constant relation existing between these disorders and the one which we are at present considering, should be borne in mind, since here we have a key to the causation. It is a well known fact that irritant discharges brought for a time in contact with healthy mucous surfaces may produce diseased conditions of an altogether different character from those which furnish the irritating discharge. Take, for instance, venereal warts and excrescences, epitheliomatous growths on the cervix, resulting from laceration, etc., etc.

Now, reasoning by analogy, we are justified in considering carunculæ, which are almost always, or always, preceded by a history of long continued irritation, as perversions of nutrition dependent on this continued irritation. Indeed, in many instances patients will volunteer the opinion that these growths dated from a period of vesical or urethal irritation.

Having now, we hope, satisfactorily explained the

causation of carunculæ, let us next examine into their pathological characters, and see what that field affords.

Microscopical examination shows—First, the cellular stroma of the papillary layer of the urethral mucous membrane to have undergone softening and absorption to a very great extent, thus leaving the walls of the capillaries without their normal support, and favoring the dilatation of these structures, and, on account of the small amount and softness of the cellular structure intervening between the enlarged capillaries favoring—Second, An increase of nerve filaments, such as take place in new formations of great vascularity. Again, the removal of the greater portion of the cellular tissue by absorption, leaves the nerve filaments more exposed than normal, and therefore more susceptible to external irritations.

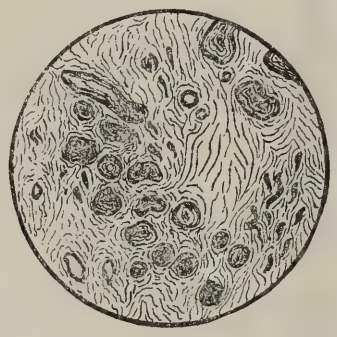


Fig 1.

Fig 2.

This condition is well shown in the accompanying illustrations from actual sections. Fig. 1, showing beautifully the enlarged condition of the capillaries, and Fig. 2, the increase in nerve filaments. We now have an explanation, not only of the friability and liability to bleed from slight causes, but also the marked hyperæsthesia of these carunculæ.

There is a form of carunculæ described by English authors, which, while being protuberant, red, and highly vascular, is not hyperæsthetic. It is probable that these are merely cases of mucous polypi and are not genuine carunculæ.

Dr. Skene, of Brooklyn, has described a diseased condition of the lower portion of the urethra, closely resembling urethral carunculæ, and frequently mistaken for that disorder, which consists of an inflammation of two small glands, one of which is situated on either side of the urethra, and opening through ducts about one-half inch long at, or just inside of the meatus, and not amenable to the ordinary methods for the treatment of carunculæ. The nner surfaces of the nymphæ are also subject to a peculiar degenerative or atrophic change (First accurately described by Lawson Tait) almost identical, pathologically, with carunculæ, which occurs only at or after the climacteric period, and is sometimes associated with carunculæ proper. On inspection, one or two slightly depressed, reddish or purplish, exquisitely tender spots will be seen. These spots are transitory and spreading, the red color either disappearing from the spots observed, and coming out in others, or extending serpiginously, disappearing from the old sites as they progress towards the new. This disorder, unlike carunculæ, or disease of the periurethral glands, tends to a spontaneous cure after having invaded gradually the entire mucous membrane of the nymphæ, and having resulted in marked cicatricial contraction of the vestibulum vaginæ.

It is probable that many distressing cases of pruritus vulvæ are of the same nature, though perhaps not so well marked in their pathological characteristics. Having now examined into the causation and pathology, let us next enquire into the proper method of treatment. The indications are twofold. First, to remove the existing carunculæ, and Second, to prevent if possible their recurrence. Palliative measures will result in no permanent benefit. Curative measures consist solely in the destruction or removal of the affected tissue. This is effected either by simple cauterization, or by cauterization of the base of the caruncle, after removal by the knife or scissors. If the caruncle be pedunculated, or rises some distance above the urethral mucous membrane, it should first be removed by the knife or scissors, and the base thoroughly cauterized.

In that form of disease described by Tait, this is impossible, and simple cauterization should alone be resorted to. For this purpose the best caustic is chemically pure nitric acid, though chromic acid, pure carbolic acid, or acid nitrate of mercury may be employed. After cauterization, the excess of acid should be thoroughly neutralized by some alkaline solution to prevent its further action. Soothing, anodyne dressings should be applied to the parts, and, if necessary, the urine drawn with a catheter for a few days.

Inflammation of the periurethral glands is in no manner benefitted either by cauterization or removal of the inflamed overlying mucous membrane

in the urethra. They should either be cauterized by means of a silver probe coated with nitrate of silver, introduced as far as possible through their ducts, or by slitting them up, and treating in the same manner as anal fistulæ. In the application of caustics to the urethral mucous membrane for carunculæ, one fact should be constantly borne in mind, and that is that the cellular stroma has already, by virtue of the morbid process which constitutes the disease, been removed to a great extent, and caustics act largely on the submucous fibrous tissue, if applied too freely, and favor cicatricial contraction. The second indication for treatment, viz., to prevent if possible, a return of the disorder, is too frequently overlooked, with results, in many cases, of the most unsatisfactory nature. Seek for the original cause of the complaint! In most instances it will be found to be cystic irritation or inflammation, with excessive alkalinity or acidity of the urine. Treat this cause, whatever it may be found to be, rationally and carefully, and by so doing reduce to a minimum the chances for failure through recurrence.

*CLINICAL LECTURE ON THE DIAGNOSIS AND TREATMENT OF SIMPLE GASTRIC ULCER.**

BY M. FERNET, OF THE HOPITAL BEAUJON.

Jan. 27, 1883, a man, aged fifty-four, was admitted to the Hopital Beaujon. At first sight, his cachectic state, paleness and extreme emaciation were striking. This is the third time, in thirteen years, that this patient is troubled with digestive disturbances, whose origin were vainly sought in any anterior morbid state. His father, it is true, succumbed to an affection of the stomach; but, on the other hand, our patient is free from all heart or lung trouble, syphilis, and above all from alcoholic habits, for he possesses a pronounced aversion for fermented liquors.

In 1870 he first experienced any trouble. This consisted in epigastric and spinal pains, rebellious vomiting of a glairy nature in the morning and fasting, but mixed with food after meals or sanguinolent when succeeding violent efforts at regurgitation. Waste was rapid, constipation obstinate, and the stools black at times. M. Maurice Raynaud at that time subjected him to a milk diet exclusively for four months with success. The improvement lasted until 1875, when, from irregularities in diet, he experienced the same gastric troubles and entered the service of M. Hayem, who gave a milk diet for three months with cauterizations at the epigastrium.

The actual condition follows an improvement lasting eight years, and the non-observance of a mixed milk diet, which the patient followed since 1875. This relapse is accompanied by the same train of symptoms and the following physical signs:

The gastric pouch, increased in volume, exceeds about twice the normal dimensions, and on percussion gives a hydroæric sonority, and by succussion a plain splashing sound. Added to this dilatation are signs of a tumor at the pyloric extremity, for, on palpation, a flattened mass about four fingers breadth in width, movable with the stomach, of smooth surface, not bosselated, sensitive to pressure and the focus of pains, some spontaneous and others radiating toward the spine, is felt.

If merely the age of the patient, his state of emaciation, abdominal tumor, the presumed nature of the affection to which his father succumbed, were taken into consideration, this might be supposed to be a cancer of the stomach. This is not the case; the evolution of the accidents, the long periods of improvement, the favorable influence of a strict diet, in a word, the attending circumstances legitimately brought about the diagnosis of simple ulcer of the stomach, with cicatricial contraction of the pylorus and gastric dilatation. The present symptoms constitute a return of the morbid phenomena of 1870 and 1875. These clinical facts are those of the disease whose lesions were dimly seen by Baidie in 1797, which Cruveilhier had the glory in 1830, ten years before Rokitansky and a long time before Brinton, to define and fix anatomically, and later in 1833 of giving a masterly description in the *Revue Medicale*, and in 1856 in the *Comptes rendus de l'Academie des Sciences*. The round ulcer merits the name of "Cruveilhier's Disease," a term true to facts and just to the memory of the learned professor.

Cruveilhier's disease possesses clinical characteristics entirely different from those of other ulcerations of the stomach. At the beginning there are changes in the appetite, dyspeptic troubles, gastralgic troubles, which characterize the initial or erosive stage. At times, as in our patient, inappetency is partial, nausea is only manifested for certain aliments (fermented liquors, beer and tea); at other times the anorexia is total. These perversions and the capriciousness of the stomach are variable according to the individual, but, unfortunately, are always followed by a rapid emaciation caused by insufficient nutrition.

Soon gastric irritability comes on, as also a sense of weight, uneasiness, fullness of the stomach, mucous or alimentary vomiting, all symptoms whose value is merely relative, as they are common to dyspepsias of various nature. In the majority of cases, as in the present one, we find pains to which Cruveilhier attributed special characteristics derived from their locality (over the xyphoid cartilage and spinal, radiating intercostal); their duration (con-

*L'Union Medicale, March 3, 1883.

tinued, intermittent or by crisis); the time of appearance (after the ingestion of food and during gastric digestion); the causes bringing them on (pressure over the epigastrium or umbilicus); their intensity (tearing, lancing, excruciating); their form (sensation of a burn, a raw sore, a bite, a pinch, tearing); all symptoms very variable in form, but so frequent that they have been grouped as one of the signs of simple ulcer. Nevertheless, in the absence of corroborative signs, and however great their value might be, they would be insufficient to distinguish this affection from gastralgia, simple or symptomatic dyspepsia, from the primary gastric crises of certain forms of tabes, or from the pains of cancer of the stomach, or of intercostal neuralgia.

When to these are added hematemesis, melanotic vomiting or stools, indicative of hemorrhage in the digestive tract, the disease is entering upon another stage, the period of ulceration. Here again the diagnosis presents certain difficulties, for gastrorrhagia is not only one of the signs of cirrhosis of the liver, cancer of the stomach, the dissolution of a tubercle or syphilitic gumma; it also exists in mechanical, traumatic or erosive lesions of the mucous membrane of the stomach produced by the ingestion of foreign bodies, the abuse of certain drugs, or the ingestion of irritating or caustic substances, such, for instance, as sulphuric acid and certain drugs. These ulcerations differ from the round ulcer of the stomach, but may simulate it.

[CONCLUDED IN NEXT NUMBER.]

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Regular meeting March 19, 1883—Dr. Hollister in the chair.

Paper by Dr. N. S. Davis, on "The Prevalence of Pneumonia in this city during the past winter, and the causes which influence the number of its attacks."

Pneumonia is one of our most prevalent and fatal diseases. As illustrative of the variable frequency of the disease in the different regions of this country the doctor cited some statistics. In Chicago during 1882, the deaths from pneumonia were 782, broncho-pneumonia 42, pleuro-pneumonia 20. The deaths from the latter two diseases may be considered as due to the pneumonic complication. The total was 844, or one death in 579 of the population as given in the census of 1880. In Boston the death rate was one in 582; in San Francisco for year ending June 30, 1882, one in 441; in New Orleans, only one in 1088. These four cities represent the North Atlantic coast, the Northern and Southern portions of the great interior valley of the continent and the Pacific coast. In Boston and New Orleans the above death rate corresponds closely with that of the three preceding years; in this city it is somewhat greater; in San Francisco the increase over the preceding years was so great as to indicate the operation of some unusual cause or causes. It will be seen from the above statistics that the disease is most prevalent when the meteorological conditions are most changeable. Cold, moisture, high winds and a wide range of temperature between the heat of summer and the cold of winter, being developed under the same influences as other diseases of the respiratory organs. With these facts in view it would seem that some of the standard works need revision as to the regional distribution of this disease—e. g. Bartholow, Flint, and the article in Reynold's System of Medicine.

Habits and conditions of life have great influence upon the prevalence of the disease, and males are more often attacked than females. In San Francisco it is twice as prevalent among the Chinese as among the whites; in New Orleans three times as prevalent among the blacks as among the whites; in Chicago the prevalence is one-third greater among the foreign population than among our own people. The reader thought that the greater prevalence among foreigners is due, not to individual predisposition, but indirectly to their habits and modes of living. The habitual use of alcohol renders the disease more fatal, both by the direct influence of the intoxicant and by the exposure it entails.

The disease in Chicago during the past year has been characterized by a tendency to present typhoid symptoms and by the abundance of bloody expectoration. Cerebral symptoms also have been prominent, manifested by early nervous excitement and pain in the head. The pain in the chest and physical signs of the disease appear later and then develop rapidly. The doctor mentioned two cases that came under his observation, where pain in the head was the first symptom of sickness. In one, the cephalagia seemed at the beginning to be the result of a blow with the hand upon the back of the head. Pain in the chest did not develop till forty-eight hours later, and was then followed by the physical signs of pneumonia. Still later in the progress of the disease there was endocarditis. Death finally took place from convulsions. Query: Might not the cerebral trouble have been the cause of the pain referred to the side, and might not the pneumonia have resulted from vaso-motor paralysis and embarrassed action of the chest, both due to cerebral nervous disorder? May not the causes of this form of the trouble be similar to those of cerebro-spinal meningitis, since in former epidemics of the latter disease exceedingly fatal cases of pneumonia have been observed?

Pneumonia is dangerous in all stages. Double

pneumonia may terminate fatally within twenty-four hours--death following coma induced by excess of carbonic acid and lack of oxygen in the blood.

In second stage danger arises both from depletion of blood-vessels by the pouring out of fluid into the lungs (two to four pounds may in this way be drawn from the circulation), and to the diminished respiration area—these two factors combine in causing the condition of so-called "cardiac weakness." In the stage of suppuration and degeneration of the exudate we have to combat asthenia.

The indication for treatment in first stage is to lower arterial tension. To do this prompt, venesection before stage of hepatization, followed by agents best adapted to maintain the advantage gained by abstraction of blood. During stage of hepatization the patient comes partly under the sedative influence of carbonic acid; the common use of alcohol in these conditions is to be deplored, for the drug is a sedative and tends to further depress the patient. A better line of treatment is to give, first, some drug which will increase nerve wakefulness, coffee, tea or their active principles; second, a remedy to correct the lack of oxygen in the blood—potassium chlorate, administered best suspended in mucilage; third, tonics and nerve stimulants—strychnia and the mineral acids, am. carb. or camphor, with quinine in small doses.

During the suppurative stage, supporting treatment.

In the discussion that followed,

Dr. Hannel added his testimony in favor of depletion and sedatives during the first stage. The doctor reported a case where sudden death occurred on the fourth day, the patient having previously taken a drastic cathartic, which had acted vigorously.

Dr. Johnson regretted the lack of statistics showing the actual number of cases occurring in a given population; with this in addition to the mortuary statistics we could arrive at a knowledge of the mortality of a community in different epidemics and in different seasons. All physicians should keep a record of cases and results.

With reference to death during first stage of the disease, he thought it not always due to lack of oxygenated blood. He had seen severe cases where death took place early, but where the intellect remained clear to the last. There seemed to be depression of the vaso-motor nervous system. In the second stage, the actual vascular depletion due to pulmonic exudate is not so great as would seem from the additional weight of the lung—first, because the exudation occurs slowly; and second, since the fluid poured out contains relatively few red blood corpuscles. In speaking of treatment he thought bleeding good in the early stages; later, when the heart labors at a disadvantage and its strength fails in the endeavor to force the blood through the diminished respiratory area, in addition to the remedies mentioned by Dr. Davis, alcohol in large and repeated doses is sometimes of great value in strengthening the heart's action. Experience has shown that in these conditions its narcotie effects do not readily develop.

Dr. Fenn gave a brief history of a case of pneumonia occurring in a lad æt. fourteen. The patient had none of the usual symptoms except the characteristic sputum—was doing well on 12th day, when the right lung began to fill up rapidly. There were symptoms of a markedly typhoid type, with considerable cerebral disturbance; he was again convalescing, when on the 22d day he suffered a second relapse, and death followed within twenty-four hours.

Dr. S. J. Avery has found am. carb. more useful in his hands than alcohol.

Dr. Hollister considered malaria and climatic influences, which induce anæmia, as predisposing to fatal forms of this disease.

Dr. Davis, in answer to the question "will not quinine and opium in moderate doses abort the disease in first stage?" recalled the indications for treatment, viz: to relieve vascular pressure. This may be accomplished in three ways. First, stimulate the vaso-motor nerves. Second, diminish force of heart's action. Third, lessen amount of fluid in vessels by venesection or derivation. There are three groups of cases to be considered. First, sthenic cases—in this class opium may cause delirium instead of quieting, but combined with blood letting is an excellent remedy. Second, in malarious districts, when patients are pretty well under influence of malarial poison, quinine is of great service. Third, when there is lack of constitutional vigor from personal habits, unhygienic surroundings, etc., careful supporting treatment is of the utmost importance.

ST. LOUIS MEDICAL SOCIETY.

Saturday, March 17th, 1883.

The Vice-President, Dr. Dudley, in the chair.

Dr. Dean presented a horse-shoe kidney, taken from a negro aged fifty, who died of abscess of the liver. The right kidney was provided with two ureters. There was one artery, which divided and which took its origin from the aorta at its bifurcation into the common iliacs. The kidneys turned inwardly so as to touch the sides of the bodies of the vertebræ. The pelves were projected forwards. It was formerly taught, that no danger would result from such a deformity, but there are several cases on record of thrombus and consequent death, the plug being due to the pressure of the kidneys on the veins.

Dr. Love presented a leg torn off and crushed by the wheel of a carriage. The circular amputation was made at the extreme upper third of the thigh. The points to which he wished to call attention were, the circular amputation and after-management of the case. The stitches were removed after twenty-four hours, and bandaging was applied up to the edge of the wound, the pressure preventing the absorption of pus and stimulating a free discharge. The pressure was well borne. He practiced the same course in amputations of the arm and fingers, and only cuts the bandage when there is too much pain. His plan is that of Dr. Link, of Terre Haute, Indiana. Dr. L. applied the bandage from the distal extremity upwards.

Dr. Hurt thought it a not unreasonable method to bandage from above downards. When the muscles are severed in an amputation they retract, and one of the best methods to overcome this is to begin above the belly of the muscle and bandage from above downwards.

Dr. Watkins thought this method good, as it would tend to force the pus, etc., out and prevent burrowing.

Dr. Lutz said that, whenever a flap is to be made it should be such as to ensure union by first intention and perfect drainage, as much as possible, besides furnishing a serviceable covering for the stump. The object of bandaging is to secure the parts in the position in which they were originally placed, and he did not believe that any pressure could be made without interfering with the circulation. The pressure is either so much as to interfere with granulation, or if only enough to keep the flaps in position, the attempt to diminish the inflammation will be unsuccessful. All efforts made to interfere with the normal course of wounds are fraught with danger.

Dr. E. H. Gregory did not attach as much importance to the bandage as some surgeons. He did not see what part it played in dressing a stump. Could not see the advantage of applying it from below upwards over the other method, and thought that tight bandaging was injurious and did not control muscular action. The great point in the treatment of all wounds is to keep them quiet. He was satisfied that bandages had done as much harm as good, and that one-half of what is done for wounds does harm.

Dr. Holland thought that the bandage was the simplest method of procuring rest. He does not believe in a tight bandage, but unless the limb is bound to some extent we cannot control the twitching which follows a severe operation. The method of bandaging from above downwards will tend to to make the skin shorter than the muscles.

Dr. Love wished to call attention to the advantage of treating the wound by the open method. He also thought it absurd to say that a bandage would interfere with the circulation when properly applied. Why is pressure applied to a boil? or to an ulcer? From the fact that the blood supply is controlled. By the bandage we give support and control the circulation.

Dr. Meisenbach said that in all healing by first intention, the only method to obtain a good result is by the proper application of a bandage and splint. In the flap operation we generally expect to have healing by granulation. He thought that bandages were as essential as the knife in surgery, and the result depends upon the manner of application. The direction of bandaging has no effect. Dr. M. thought that Dr. Love's plan would be improved by placing a light (paste-board) splint below. He did not believe it possible to completely control muscular action by means of the bandage.

MILWAUKEE COUNTY SOCIETY.

Regular meeting, March 20, 1883.

Dr. Fox being absent Dr. J. K. Bartlett was elected chairman pro-tem.

Minutes of last meeting read and approved.

Dr. J. K. Bartlett having been absent at the last meeting of the society, when the subject of Cervical Uterine Lacerations was discussed, desired to give his testimony in favor of the idea that the operation was one much overdone, and over esteemed as a curative agent for the trains of symptoms oftenest ascribed to these injuries. He considered the results of his own investigations of the matter to be strongly conclusive that the theory of cicatricial plugs and their irritant effects, were rather more apparent than real, and believes that the future experience of surgeons would entirely explode Emmet's theory in regard to them.

Dr. Dorland, the essayist for the evening, being absent, Dr. Brown presented for him a case of general osseous sclerosis, occurring in a girl of seventeen years, without specific history. The general opinion of the members of the society, however, was that the case was one of tertiary manifestation of heriditary syphilis, and specific treatment was advised.

Dr. Senn, who has for a long time been making most comprehensive investigations into the structure, diseases and injuries of the hip joint, gave a very learned demonstration of the anatomy of that structure, illustrated with drawings and sections, preparatory to bringing before the society the results of his investigations, and particularly the demonstration of his theories in regard to intracapsular fracture.

The society then adjourned to meet April 3rd, 1883.

H. M. Brown, M.D., Secretary.

The Weekly Medical Review.

Vol. VII. No. 11. CHICAGO AND ST. LOUIS, MARCH 31, 1883. Terms: $3.00 a Year.

Post-Mortem Specimens from a case of anthrax were exhibited by Mr. Bryant (British Medical Journal), at a meeting of the Pathological Society of London. The patient, a workman in a tan-yard, five days before had noticed a papule on his cheek, but felt quite well. By evening of the same day the papule had increased to double the size it was in the morning and he was quite sick. The next morning he was very ill, the glands under the chin were enlarged and the throat swollen. He was in a torpid state, almost cyanotic, with a pulse of 130, and a temperature between 100° and 101° F. There was retching, soon followed by a rigor. The malignant pustule, which had the characteristic sloughy center and surrounding ring of vesicles, was excised and carbolic acid applied to the wound. In ten hours death occurred. Bacilli were found in the saliva and urine. The post-mortem showed characteristic lesions in the stomach, intestines and lungs, presenting a similar appearance to those of the skin, namely: a central slough with a circle of inflammation which was rather larger than that in the skin. These sloughs in the stomach were in process of separation. In certain situations in the small intestines, the margins of the valvulæ connivents were occupied by dark, almost black, sloughs. The mucous membrane in the colon was much swollen, and below this, almost as low as the rectum, sloughing areas were found. There were about twenty nodules seen on the surface of the lungs, looking like infarctions, some of which were solid to the touch and no doubt produced by the fungous growths. There was not much enlargement of the mesenteric glands, but on section small hemorrhagic patches were seen, which were thought to be due to the same cause. The peritoneum contained about two pints of blood-stained fluid; but there was no general œdema of the connective tissue, no sub-serous hemorrhage, and no pleuratic effusion. In most of these cases it was held that death was due to dyspnœa, the bacilli in their growth depriving the blood of its oxygen.

The Propriety of the inversion of patients in chloroform syncope is called in question by Dr. Eben Watson, who contributes an article on the subject to the London Lancet, in which he calls attention to the fact that in this condition there exists: (1) a feebly acting heart; (2) an engorged state of the right side of the heart; and (3) a congested state of the lungs. In every case of deep anæsthesia from chloroform, he says these conditions are always present, and such being the case, he holds that the practice of inverting the patient, raising the lower extremities above the level of the head and upper part of body, is not suitable. For it is only the venous blood which can thus be passed to the upper part of the body, and as this must go through the right side of the heart and the lungs, which are already in a state of engorgement and congestion, before it can reach the upper part, it only causes an aggravation of the mischief already existing, especially if the heart's force is greatly weakened and the respiration inefficient. And though artificial respiration be instituted, it cannot alone renew the pulmonary circulation while the heart remains feeble, and one great reason of its continuing in an enfeebled state is the paralysing influence of the engorgement of the right side. He also holds that depressing the head and neck, as is sometimes done, would only deepen the coma and increase the evil from the side of the nerve centers, if, in spite of

the valves in the veins, the blood from the arms and neck could return to the brain. He says that our hopes for the patient mainly depend upon the sending forth of arterial blood, and this is most favored by a strictly prone position, together with artificial respiration. In this position a feeble heart has least hindrance in sending, not venous blood to the lungs, but arterial blood, to its own substance and to the brain.

Dr. Wall reviews twelve cases of chronic diphtheria (American Practitioner). He says the course of the disease is different in the pharynx; the membranes are not removed there so soon as from the tonsils, and there is a constant source of contagion. If the secretion is profuse the disease cannot be overlooked, but that is not always the case; he had twelve cases where his rhinoscopic examination revealed the nature of the discomfort. Large ulcers and destructions were detected. Impaired hearing and pain in the eyes have caused an examination. There was always a pain in the eye, generally on one side, spread-over the head, especially when true ulcer was at the basis of the cranium. The ulceration resisted sometimes every treatment, and came down to the soft palate and even the œsophagus. Local complaints became very severe sometimes, with a general debility without fever. The ulcers were similar in character to those of syphilis or tuberculosis. Dr. Wall says diphtheria gets its most destructive character in cases where hereditary syphilis, scrofulosis, or tuberculosis could be traced.

The treatment is tedious; a solution of carbolic acid, five to eight per cent., powdered iodoform and boric acid are the best remedies, assisted by the frequent use of the nasal douche. These strong solutions must be used strictly at the place; weaker solutions might be used in the atomizer. The anti-syphilitic treatment in doubtful cases must always be postponed.

There is a Suspicion that Prince Gortschakoff was poisoned, as phosphorus was found in the intestines.

Vicarious Menstruation occasionally takes place from the stomach, nose or lungs, but a rarer site is the surface of a sloughing ulcer. Dr. P. Hooper relates a case in the Med. Times in which the function was carried on from an ulcer on the leg, which had existed for eight and a half years, and for five years had been subject to periodical hemorrhages. These occured at the time of the menstrual flow, and sometimes for several successive months the discharge would take place entirely from the sore. The bleeding would then be profuse, and if at any time the periods were missed, the patient thought the amount of hemorrhage afterwards would be as much as a quart. The ulcer was very large, nearly encircling the leg, the bone being exposed and very sensitive. There was evident periostitis, with night sweats and specific rheumatism, the nature of the ulcer being syphilitic. Under local and constitutional treatment rapid improvement took place, but when the time came for the menstrual discharge the sore became angry looking and the granulations appeared red and inflamed, and considerable blood-stained serum exuded. Ultimate recovery took place.

The Notes of a Case of Pyæmia extending over a period of six months, with ultimate recovery, are contributed by Dr. Robert Kilduffe to the Medical Times. The patient, a clerk, had injured his right index finger in handling a case of goods. On the second day after, continuing to be red and swollen, it was punctured by his employer with his penknife, but without relief. He continued to grow worse, a violent cellulitis setting in, extending up the wrist and arm with great tension and pain. Free incision was made in the finger, but no pus was discharged. During the next two weeks six abscesses were opened on the anterior and posterior surfaces of the arm. Orchitis on both sides then supervened, which was followed by pneumonia of the left lung. Enlargement of the liver and jaundice next occurred, followed by dysentery with bloody and purulent stools. All this time new abscesses were forming and being opened in the arm. Nephritis next appeared, the

urine becoming bloody and purulent. Then retention of urine occurred, followed by incontinence, the cause of which was thought to be the formation of pus around the neck of the bladder or prostate. An abscess then pointed in the perinæum, and was opened, giving exit to pus and urine. The urinary fistula remained open, and a flexible catheter was retained for six weeks. An abscess then formed under the spine of the right scapula and was opened, a second one forming in a couple of days a little below the first, and communicating with the axilla. From the upper cavity a hemorrhage took place, which was finally arrested by packing with strips of muslin soaked in phènol sodique and applying a graduated compress and bandage. This cavity seemed to be produced by a sloughing of all the connective tissue from the axilla to the sternum, and between the trapezius and latissmus dorsi on the back, and the pectoralis major and minor, and serratus magnus muscles in front. This was the last attack, and the patient from this time gradually recovered.

A Radical Cure in a case of hydrocele was accomplished by Mr. J. E. W. Walker (British Medical Journal), by injecting, through mistake, two drachms of liquor ergotæ (Battey) instead of the same quantity of tincture of iodine. There was no pain and no bad results followed. This occurred in 1875, and although previous to the accident there had been repeated tappings, no return of the abnormal secretion has taken place since. Seeing the good effect produced in this case, he has tried the same remedy in two other cases with equal success.

Whooping-Cough is treated by Dr. Witthauer with the following (American Practitioner): Tincture Eucalypti, 3.0; Glycerin and Syrup, āā 15.0; aq. fort. 100.0. A dessertspoonful every three hours. For babes one and a half to four years of age the dose is five to eight drops, in sweetened water, every three hours. He also recommends the inhalation of the tincture. He has treated only four cases, but with a decided effect.

The Notes of a Case of bullet wound of the tongue, under the care of Mr. Morrant Baker, are given in the British Medical Journal. The patient, a boy, was accidentally shot by his playmate, the ball passing through the right upper lip, carrying away the upper canine and upper lateral incisor teeth. No injury to the hard palate, cheeks, or floor of the mouth could be discovered, but upon the upper and anterior surface of the right half of the tongue there was a ragged wound. A probe introduced into this wound passed through the tongue and made its exit into the pharynx just above the epiglottis. There was no mark of injury to the posterior wall of the pharynx; his speech and hearing were unaffected, and there was no loss of power or sensation anywhere. An unsuccessful search was made for the bullet, which was passed on the sixth day per anum, considerably altered in shape and deeply grooved apparently by the canine tooth.

Abdominal Section was performed by Dr. W. S. Playfair (British Medical Journal), in a case of puerperal peritonitis, after repeated aspirations, the whole amount of fluid evacuated in this manner being two hundred and twenty ounces, nearly all of which was pus. An incision about two inches in length was made in the lenea alba, beginning an inch below the umbilicus, and a large India-rubber drainage tube inserted, strict antiseptic precautions being observed. The temperature, which had been high, immediately fell to normal, and the patient progressed favorably for a little more than a fortnight, when there was a fresh attack of peritonitis, which however subsided in a few days. After this, recovery, though slow, was good. The internal remedies employed were quinine, opium and stimulants.

Credit to Whom Credit is Due.—Philip Doddridge (1702—1751) spoke of nerve stretching, and recommended it as a religious stimulant in his "Zeal and Vigour in the Christian Race."

"Awake, my soul; stretch every nerve,
And press with vigour on."

—*Southern Clinic.*

A Prince of Medical Science in France has recently paid the debt of nature in the person of the famous anatomist, Baron Jules Cloquet, who died in Paris at the great age of 94. He was old enough to have been the contemporary and the compeer of Corvisart and the elder Larrey, of Bichat and Portal. He died the senior member of the Paris Academy of Medicine, in which he was elected in 1821. He was the author of many works on anatomy and surgery, but it will be through his great monograph in five volumes on descriptive anatomy that his fame will chiefly survive. The work in question has, during nearly two generations, been worthy of the highest trust and the widest acceptance, although Cloquet has undeniably and largely availed himself of the learning and the precision of style of the illustrious German, Samuel Thomas Sömmöring, and of the details of Portal and the system of Bichat, whose "Anatomie Descriptive" it has been said that, "as a monument of philosophical genius, it will last as long as the functions and structure of the human body are objects of interest."

In the Last Announcement of the San Francisco Woman's College, the lady professor of gynæcology makes this statement while alluding to the advantages students will enjoy in her department and under her "vigilant eye:" "There will be no unnecessary surgical interference by victimizing women, simply to make a name for the institution. If the college cannot survive without the indecent exposure of the reproductive female organs, or the inhuman malpractice of excision of these organs, it will not survive."

A New Disease.—"Your husband requires rest," said the doctor, as he came from the sick chamber. "He will soon be well; he has had a bad attack of tickerosis." "Tickerosis, doctor! Why, that's a new disease, isn't it?" "Yes, quite new. It is caused by watching the tickers in the brokers' offices. It affects the optic nerve and the spinal column."—*Boston Journal.*

Dr. Haley states, in the Australian Medical Journal, that for some years past he has found minimum doses of iodide of potassium of great service in frontal headache. A heavy dull headache situated over the brow, and accompanied by languor, chilliness, and a feeling of general discomfort, with distaste for food which sometimes approaches to nausea, can be completely removed by a two-grain dose dissolved in half a wine-glass of water, and this quietly sipped, the whole quantity being taken in about ten minutes. In many cases the effect of these small doses has been simply wonderful. A person who a quarter of an hour before was feeling most miserable, and refused all food, wishing only for quietness, would now take a good meal and resume his wonted cheerfulness. The rapidity with which the iodide acts in these cases constitutes its great advantage.

The Treatment of Tabes Dorsalis was the subject of a lecture delivered by Prof. Eulenburg (Centralblatt fuer Nervenheilkunde, Psychiatrie, etc.), in which he demonstrates the curability of tabes, in the first place by reporting three cases (of three hundred treated by himself). The first was treated with argenti nitras, the second with galvano-hydro-therapeutics, and the third by galvanism principally. The lecturer thinks that argenti nitras given internally produces insoluble compounds, and recommends its use hypodermically, the albuminate of silver or its solution in sulphide of soda. He lauds the hypodermic use of strychnia in chronic affections of the cord, and recommends the prolonged application of cold or warmth to the spine.

In Our Issue of March 3, there appears a clinical lecture on "Gastro-Duodenal Catarrh in Young Children," by Dr. Joseph P. Oliver, which was taken from the New York Medical Journal, and for which through an over-sight credit was not given to that journal. Our attention being called to the omission, we mention it here, as the Review believes in giving "credit to whom credit is due."

The Capillary Drainage Tubes of Dr. Southey have not been much used in this country; still, if properly used and with suitable precautions, there can be no doubt that they may give great relief. Commenting on their use, Dr. Adam, of Melbourne (The Australian Med. Gaz., August), thinks that there are leading factors causing the irritation of the skin in cases of anasarca, which result frequently either in simple erythema, erysipelas or abscess. In the first place, in an œdematous limb the skin-elements become compressed, and their vitality is lowered by interference with their nutrition. This is well illustrated when an ulcer forms, cicatrisation will not take place until the œdema be reduced —in other words, until nutrition is restored to the skin-elements, when the sore usually heals kindly, only to break out again as the dropsy re-accumulates. The second factor appears to be the presence of an irritating body—the dropsical fluid—which possesses a weak alkaline reaction. Now it seems probable that any fluid possessing a positive reaction (either acid or alkaline) flowing over a skin that is badly nourished, and whose epithelium is put on the stretch, will be quite a sufficient irritation to cause untoward complications. Taking this view of the case, Dr. Adam, after some previous trials, finally has adopted the following method, which he describes: Moderately sized Turkey sponges were thoroughly soaked in saturated solution of boracic acid, squeezed dry, and applied over the punctures, and kept in position by a turn of bandage lightly applied. These sponges require to be removed in the course of two or three hours, and the accumulated serum squeezed out and again soaked and reapplied. In this manner a couple of pints or even more of serum could be drained in the course of twenty-four hours. In all the cases Dr. Adam tried this plan there was not the slightest trace of irritation of the skin. Of course there is no method but which will have its disadvantages, and this is no exception to the rule. The attention required, although great, is not insurmountable. For any case in which this method would be admissible would want considerable nursing, and no extra labor would be involved by it. Perhaps the greatest disadvantage is that the punctures require to be repeated nearly every twenty-four hours. But this is not so painful as may be supposed, for the skin, by tension and loss of vitality, is rendered less sensitive.

Transplantation of Muscle was performed by Dr. H. Helferich, of Munich, an account of which is given in the Centralblatt fuer Therapie. The case was that of a young lady suffering from a fibrosarcoma of the arm, in which a large part of the M. biceps had to be removed, so that only a narrow strip of the thickness of a lead pencil remained to preserve the continuity of the muscle. This strip was severed, and a piece of the M. biceps femoris which had been taken from a dog during the operation was secured in the space by means of about thirty catgut ligatures. Union by primary intention followed, and three months later the implanted muscle reacted promptly to an induction current. Active flexion of the arm is well accomplished both in pronated and supinated condition of the forearm, showing that it is done by means of the biceps alone.

Crichton Browne has stated that in the different forms of mental disease the density of the brain varies. Adriani has communicated the results of some of his investigations upon the capability of the cranium to transmit vocal sounds. He auscultates the occiput while the patient speaks in gentle tones. In numerous mentally diseased individuals the vocal sounds were weaker or stronger than usual, amphoric, indistinct, or even wanting. These they never are in healthy persons. He comes to the conclusion, however, that it is the bony framework of the skull which transmits sound and not brain substance, which may however modify it; and he would agree with Browne in ascribing modifications of voice sounds to alteration of this density. (Jour. de Méd. et de Chir. Prat. Feb. 1883.) Such observations of course need many repeated confirmations.

A Case of Relief from intra-cranial abscess by trephining, is reported by Dr. Kilgariff in the British Medical Journal. His patient had been thrown while hunting and had been unconscious for two hours after. At the end of the second week he suffered from much pain over the occipital bone and from gastric irritability. A shallow depression being found over the seat of pain, he diagnosed fracture with formation of abscess. On incising the scalp he found pus, which came through a minute opening in the skull. He removed a button of bone with the trephine and evacuated half an ounce of pus. The abscess cavity was washed out with carbolized water, and the man made a good recovery in spite of erysipelas.

The Number of the Detroit Medical Age for March 26 contains a take-off of an advertisement of "*Kochine*, the Bacillus Destroyer," which as a satire on advertising follies, and the bad taste and worse judgment of some of the journals that admit them, is one of the best things we remember to have seen. A number of startling testimonials are manufactured, which are in no way worse than some which have appeared in genuine advertisements. The Nineteenth Century Therapeutical Company, which are supposed to manufacture the specific, also appear as the sole manufacturers and proprietors of "Jennerine," a substitute for vaccine matter, and "Pasteurine," the active principle of pasteur; also of consumptine, ostrichine, dyspepsine, croupine, remedies which are guaranteed as specific and infallible in the diseases to which they are peculiarly adapted. "Kochine" is priced at $6.75 per oz., but when supercharged with voltaism for application, through either telegraph or telephone, its value is enhanced to the tune of $13.75. What lends additional humor to the hoax, is that the editor has thought it necessary to call attention in other columns to the fact that it is such, and he expresses a hope that none of his readers will be deceived into regarding it as genuine and sending for a sample. Still we think he had better make arrangements with the postmaster at the headquarters of the supposed company to forward him any letters that may come. He also makes the positive statement that there is now on file in Washington an application for a patent on a device by Dr. S. G. Grimer, of Bradford, Penn., who claims that by means of it he can saturate the electric fluid with the medicinal properties of drugs, and by means of the telegraph introduce it thus saturated into systems a thousand miles from his office! As it is not at all unlikely that this "Dr." Grimer may belong to some society which obeys the code of ethics, we would call him to the front to know why he disobeys the code so far as to try to patent such a startling improvement in the healing art.

Two Cases are Reported by Dr. Gruening in the New York Medical Record (March 17) which fully corrobate De Wecker's statements concerning the remarkably happy effects of an infusion of licorice bean in the treatment of inveterate pannus. The infusion is brushed on the conjunctiva, and applied externally. After a few days it produces decided croupous or purulent conjunctivitis, which, after the discontinuance of the application, rapidly subsides, leaving a previously trachomatous lid without any trace of granulation, and a previously opaque cornea without a vestige of opacity or vascularity. If the half that be told of it be true a most happy discovery has been made, and one that will do away with all the disgusting features of inoculation of such eyes with gonorrhœal pus.

Confirmatory Evidences of tubercle bacilli are always welcome. In a recent issue of a Hungarian journal, whose title we do not like to attempt, Dr. Babes, of Buda Pesth, reports two cases where autopsy showed positive tubercle in the kidneys and bladder, in which he had some time before death found the bacilli in pus corpuscles from the urine. Another case had been under his treatment in whose urine he also found them. This case had been previously examined by Prof. Verneuil in Paris, who had diagnosed tuberculosis of the kidneys.

Dr. Hammond, in a clinical lecture on epilepsy, says (New York Medical Journal): That the attacks may be kept up from the force of habit after the original cause has been removed, and that it is necessary in order to effect a cure to break up the habit. This may be accomplished in two ways; by the use of remedies that have the power of aborting the attacks, or by those which bring about a permanent cure. Of the former remedies, he says that when the patient feels an aura, three or four drops of the nitrate of amyl, inhaled thoroughly, will certainly prevent the paroxysm, but it is liable to come on soon. Nitroglycerin, or glonoin, is also recommended for the same purpose. He gives two drops of a one-per-cent. alcoholic solution as a dose to an adult. It causes a sensation of fulness in the head, a slight pulsating headache and acceleration of the pulse. He says that in epilepsy there is at first a general anæmia of the brain, and it is by producing a hyperæmic condition that nitrate of amyl and nitro-glycerin cut short the attack. He says he has cured several cases by the use of the nitrate of amyl alone, without giving any internal remedies. An elastic band around the neck may accomplish the same result by preventing the return of the venous blood, and so causing fullness of the vessels of the brain. For the permanent cure of the disease, he uses the bromide of sodium. A solution of four ounces of the bromide in a pint of water is made, and of this a teaspoonful, which contains fifteen grains, is ordered three times a day, largely diluted with water. The dose is to be increased one-fourth every three months, and then continued at that for a year, and then decreased in the same way, so that during the fourth year fifteen grains will be taken three times a day. He says it is safest to continue the treatment for four years. If after a while the results are not as marked as anticipated, the treatment should be stopped for a month or so and then resumed, giving in the interval cod-liver oil and tonics. He says that the bromide treatment is not entirely without danger. He has himself lost three cases from it. One from bromism, another from pneumonia supervening on bromism, and the third from pneumonia. According to his observations, bromism predisposes to affections of the lungs. An eruption of acne on the face and chest, and weakness short of inability to stand up, do not contra-indicate a continuance of the treatment, but indolent ulcers may be produced which will necessitate its stoppage. Counter-irritation by means of a platinum disc, or other instrument, heated to a white heat and applied to the back of the neck, just touching the skin and immediately withdrawn, often produces a good result by reducing the number of paroxysms.

Erysipelas is treated by Mr. Richard Barwell by the local application of white lead paint, with most excellent results. He gives an account in the London Lancet of four cases of the traumatic variety of the disease and one of the idiopathic, in all of which there was the same speedy relief afforded, the pain subsiding rapidly, sometimes ceasing altogether within half an hour, and the temperature soon declining to normal. He also mentions a case of erythema nodosum treated in the same way, with like benefit and similar mitigation of pain.

The Treatment of Puerperal Septicæmia by intra-uterine injections is advocated by Dr. T. Gaillard Thomas, and he relates a case in the New York Medical Journal as illustrating the course which should be pursued. The patient for the first forty-eight hours had no bad symptoms, but afterwards the temperature began to rise and finally reached 106.5°. The pulse was 145, and her appearance was wild as if she was about to have puerperal mania. A vaginal examination revealed extensive bilateral laceration of the cervix uteri. Washing out the uterus with carbolized water was immediately resorted to and continued every four hours during the night. The following morning the temperature had fallen to 101° and the pulse to 120. The intervals between the injections were then lengthened, but the temperature rose to 105° and the wild look reappeared. The uterus was then washed out every three hours, opium was given freely,

and also ten grains of quinine every eight hours. A coil of rubber tubing was placed over the abdomen, and ice-water passed through it. This treatment served to keep the temperature down to 101° or 102°, but whenever the injections were stopped it would rise sometimes as high as 105°. This course was pursued for ten days, a physician being in attendance day and night. Finally, on the sixteenth day after delivery, and the tenth after the beginning of the high temperature, the intervals between the injections were gradually lengthened until they were stopped altogether. The quinine was also discontinued and the rubber coil removed, but small doses of opium were given for a while longer. The patient recovered.

NEWS ITEMS.

It Seems, according to the London corres pondent of the Medical Record, that the Royal College of Physicians has condemned one of its fellows for advertising a lunatic asylum in a strictly professional way; and that he apologized and promised to desist. On the other hand the lectures of Dr. Mathews Duncan—another fellow—on Sterility in Women, have been prominently advertised in the The Times. It seems that the College is a sort of close corporation, somewhat like some medical educational institutions in this country, wide awake to the faults of others, or even of certain of its own flock, but totally blind to most conspicuous failings on the part of the favored few. It is charged, and with reason, that it has never studied the interests of those outside its fold; that it is in fact a sort of a club. Thus do our cherished idols totter and fall.

The Annual Commencement of the Chicago Medical College took place Tuesday, March 27th. A class of forty was presented for graduation. Degrees were conferred by Rev. Dr. Cummings, the President of the North Western University. The Alumni of the college held their meeting in the morning. Prizes were conferred, and Rev. Dr. Scudder, a medical missionary from India, delivered an excellent address. Dr. Sheffield, of Apple River, Ills., was made President, Drs. A. H. Burr and N. S. Davis, Jr., of Chicago, Vice Presidents; Dr. H. T. Byford, Secretary; Dr. F. E. Waxham, Necrologist. In the evening the Faculty tendered a very acceptable banquet to the Alumni at the Leland Hotel. A programme of eight or ten toasts having been prepared, the gathering did not disperse till a late hour.

The Alumni of Mercy Hospital, Chicago, held their Annual Reunion and Supper at the Hotel Florence, Pullman, March 24th. A most enjoyable evening was passed, and the authorities at the immense works did all in their power to entertain the party. Dr. J. S. Jewell was elected President for the ensuing year, Drs. H. T. Byford and Martin Vice Presidents, and Dr. L. T. Potter Permanent Secretary.

The Alumni Association of the County Hospital, Chicago, also held their Annual Reunion at the Grand Pacific Hotel, Monday, March 26th. Dr. W. T. Montgomery was elected President, Dr. R. Park Vice President, and Dr. E. W. Whitney was made Permanent Secretary.

The London Correspondent of the New York Medical Record writes that the will of the late Sir Thomas Watson has been proved. The personalty alone amounts to £164,000, which, with the exception of a few legacies, is divided between his son and daughter.

Professor J. J. Mulheran has retired from the chair of medicine in the Michigan College of Medicine. He was the recipient of a handsomely engrossed address from the students, expressing regret at his retirement and appreciation of his labors.

The Quarterly Meeting of the Illinois State Board of Health will be held in Chicago, April 12th, at the Grand Pacific Hotel. At this meeting, the annual examination of non-graduates will take place.

Sigmund, the renowned syphilologist, formerly of Vienna, more lately of Padua, recently died at the ripe age of seventy-three.

CONTRIBUTIONS.

BATTEY'S OPERATION.

A Resume of the Recent Opinions Regarding the Operation, and the Report of a Case Operated Upon for Epilepsy.

BY J. B. GREENE, M.D., MESHAWKA, INDIANA.

[Read before the South Bend Medical Society.]

In presenting my paper to you, I do so with reluctance, or rather with the feeling that anything I may say upon the subject, although it may, perchance, interest *you*, it will not, I feel sure, add anything to the knowledge of the gynecologist or surgeon, and would not tend to remove the operation above the sub-judice position it now holds. Nevertheless a few words upon the operation and upon the kind of cases suitable for it, may not fall upon deaf ears, and may stimulate you to a close and searching scrutiny of all cases wherein the first thought may be "Battey's Operation," but where careful study and a close inspection would forever cast from you the idea of operative procedure in that particular patient.

Medicine, no less than surgery, particularly gynecological therapeutics, has its appropriate field; and although the majority of American M. D.'s hope to become great sailors upon the sea of blood, and ride to fame upon the surgeon's knife, they should not forget that cures effected through the judicious use of drugs, proper hygiene and the many little etcs., give to the doctor greater eclat than any operation ending in failure or death.

In a paper on this subject, you would naturally expect, from one who has had to deal with no more cases than I, that quotations would be frequent; that the opinions of men eminent in the profession would be accepted without question. This paper is such, and its author one who deems his knowledge too little to argue against the fathers of gynecology.

I have been unable to find any extended article upon the subject, or any monograph treating of the same, but I have picked up a little here, more there, and in fact have sought diligently for anything and everything bearing upon the operation. I have quoted from different writers and the journals, and if you recognize any words or sentiment as belonging to some one else, remember that I do not claim it as mine; in fact, I merely compile, and shall not use quotation marks, as I now give to each and all due credit.

The operation known as oöphorectomy, spaying or Battey's operation, is different from ovariotomy in the fact that the latter is performed for the removal of the ovary, or ovary and broad ligament, for disease, that if left to itself must cause death; while the former is not so much to save life alone as to restore to health some poor constant sufferer.

To Dr. Robert Battey, of Rome, Ga., belongs the honor of first presenting to the profession and the world a scientific essay, and first applying scientific principles to the act, thus dignifying it with the name operation and forming a nucleus page in its literature.

When this old world was young, spaying was performed upon the human female for immoral purposes, and the ancient kings kept castrated females either as servants or concubines. Cases are reported to have been operated upon for nymphomania in the seventeeth and eighteenth centuries. Among the wild tribes of Australia and New Zealand, and perhaps others, the operation is still performed to prevent transmission of disease or deformity, and for purposes of prostitution. The subjects are described as strong and masculine in appearance. We have no means of knowing the age of the subjects operated upon by these aborigines, neither can we say how it is done or give the per cent. of recoveries. We must not forget, however, that the patients are as a rule young, and in general good health, but little if any above the brute, and living nearly in a state of nature; such being the case we would expect about the same ratio of mortality that we have among the spayed female portion of our domestic animals. I have been informed by a returned missionary from China that nearly ninety-nine per cent. of the Chinese women who seek our shores are prostitutes, and have been spayed. The method used by the Celestials and their death-rate is also unknown.

Prof. Byford removed an ovary some twenty-seven or twenty-eight years ago for hernia, without, as he says, knowing what he was doing. The first recorded case of successful operation was that of Dr. Battey, performed in August, 1872. Cases reported as fatal are recorded in several of the medical journals of that year; still the history of oöphorectomy is so clouded with mildew that it cannot be plainly read, and I shall pass to the question:

Ought the operation ever be performed? While the operation is under ban by many of our able men, others advocate its performance under certain conditions, and while not wishing to dispute with those who differ with me, I unhesitatingly answer the question in the affirmative.

"No part of the human body ought to be exempt, by dignity, from operation to restore health or preserve life," was the expression of Battey, and the principle thereby shown is true; and the adage that lends to, or the part that has thrust upon, it sacred or superstitous reverence, is false in every particular.

He that is wounded in the stones shall not enter the Kingdom, has done as much to innervate the

human race as has the civil definition of adultery. No man of scientific, medical, or theological training of this day accepts Mosaic law as correct in its translation. Yet many people object to surgical procedures upon their religious belief alone, drawing their conclusions from their literal understanding of what they read.

Although Dr. Tilt says "American audacity has taught us not to be afraid of the peritoneum," I cannot agree that American surgeons are more reckless than European, nor that American brains are of a coarser texture than English brains, as the paragraph seems to imply.

Prof. Engelmann favors oöphorectomy in certain grave cases of chronic uterine or ovarian disease—in intense suffering and uncontrollable reflex symptoms it may be undertaken: 1st. To establish the menopause. 2nd. To remove the offending member.

Dr. T. Spencer Wells condemns the operation on general principles, yet expresses himself thus: "If I meet with what I believe to be a suitable case and a willing patient, I shall certainly do this operation, removing both ovaries, and being especially careful that every fragment of both ovaries is removed."

Prof. Playfair opposes even the consideration of Battey's operation, preferring Dr. Wier Mitchel's operation, e. g., that of ligating the spermatic artery and severing the spermatic nerve, thus producing anæmia and atrophy of the ovary. Wier Mitchell's operation has at this time about as many advocates as the severing of the spermatic ducts for the cure of onanism and spermatorrhœa.

Dr. Playfair is particularly opposed to it in purely neurasthenic cases; but owing to some wise provision of the Creator, the ovaries have important nervous connections, and the whole nervous system responds quickly and most emphatically to the call for help or of distress, when silently spoken by the ovary. Nature does not lie, and all manifestations of danger or suffering from any organ *have* a producing cause, and if the nervous system is lashed into a fury by any disease of the ovary which cannot be cured by other means, why not give the nerves peace and quiet by removing the offender?

Dr. H. P. C. Wilson considers oöphorectomy the most promising operation of the day

In certain cases of ovarian dysmenorrhœa and uterine or ovarian suffering, limited to the catamenia, and (or) greatly increased during the menstrual period, we would hope for benefit from ovarian extirpation. Still many things are to be thought of before attempting it upon the simple impulse of the surgeon, or the whim of a pain-wracked woman.

To rob a woman, more especially a young unmarried woman, of her hopes of maternity, in fact to unsex her, is a grave deed, and only to be attempted in serious, ay, very serious disease. The joy she may feel in anticipation of some day being a fond wife, the imaginative prattle and baby cooings that she hears, are but what most women hope for, and shall we step in and blot a page from the life of the living and deny life itself to the unborn? This fact alone onght to make us hesitate, and if after hesitating we move on to an operation, it will to a great degree influence us as to the removal of one or both ovaries, for a woman with but one ovary may give birth to children of either sex. Nor ought we forget that a spayed woman is, by many, looked upon in much the same light as a spayed bitch. The storms of gossip, with its nasty, slimy slurs, will beat upon her, and while hundreds of women will sneeringly say "'Twas done to prevent having children," but few of them would decline such an operation for that express purpose, were it attended with no risk to life and was fashionable. One other thing will make the surgeon hesitate, if he has any feeling of self, and that is the abuse that will be heaped upon his head by enemies among the middle-aged women of his neighborhood, or by envious brother practitioners. Success will not make the coals any cooler, as I have found to my regret, though not to my injury or sorrow. In what kind of cases ought it to be attempted? This question can be answered correctly only by consideration and affirmative answer to Dr. Battey's three propositions.

1st. Is this a grave case?

2nd. Is it incurable by other means?

3rd. Is it reasonable to expect a cure by this method?

I. The influence of ovulation upon the human female is so great that the laity do not fail to note its effect, and while not being able to fully appreciate that influence, the most ignorant know there is an influence that causes great and important changes in the system.

The medical world fully appreciates that the ripening of the maiden to womanhood is only through ovulation; that God's command to multiply and replenish the earth can only be obeyed because of ovulation; that the true woman is only so therefore. We watch the rounding limbs, the growing bust, the changing voice, the creeping modesty, and the altering manner of the young girl, and we say she is about to become a woman. For thirty years she, as a tree capable of bearing fruit, blooms and blossoms; for that time she bears the pains and discomforts incident to ovulation, menstruation and pregnancy, to finally reach the autumn of her procreative age, there to suffer more or less, if not to die, before she welcomes the winter of her life.

All of these changes, all of this suffering, all of her maternal joys and sorrows, are because of ovulation. How does the ovary or its function pro-

duce all this? Through what magic is the spindling youth made an adult? What fiendish wand touches her in womanhood and makes her tremble like an electric vibrator, either with untold anguish or damnable passion. I answer the ganglionic nerves, lashed to a fury by abnormal performance of the function of ovulation, or disease of the ovaries themselves.

I doubt not you may think from the foregoing that I believe all women to be sufferers and invalids because of ovulation. Not so; but so many are sufferers to a greater or less extent, that a woman perfectly healthy is an exception among her sex.

Civilization has much to do with this hyperæsthetic condition of ovulating women, but it would now be out of place to argue that point.

Ovarian enlargement, either acute, inflammatory or hypertrophic; atrophy, before menopause, cystic or fatty degeneration, or cancer in any form, are all grave affections, and may cause hysteria, hystero-epilepsy, epilepsy, or any of the many reflex nervous disorders which, although they are effects, are the prominent features of the case we may have to meet, and they in their turn are entitled to the name of grave.

To these must be added contracted or deformed pelvis, absence of uterus with active ovaries, atresia, vaginæ or uteri, or any abnormal anatomical condition, whereby the menstrual flow is prevented or childbirth impossible by natural course. Again we occasionally see a case of amenorrhœa, wherein all symptoms of a regular monthly flux are manifested, excepting a sanguinous discharge; it may be that the fimbria do not grasp the ovum—there may be atresia of the tube, or many other anomalous or undiscoverable causes—but be the cause what it may, the patient goes slowly to her death.

Bleeding fibroids of the uterus too may be called grave, but the propriety of oöphorectomy for their cure will be considered further on.

Life is not health while any of the fore-named conditions exist, and the question of their gravity is one to be seriously considered; particularly is this so if the patient has frequent attacks of leipothymia, or sudden loss of conciousness, determined by loss of ganglionic power.

II. Is it incurable by other means?

Months and years must pass by before we, in the majority of cases, can know whether anything less than Battey's method will avail for good. The whole medical fraternity, regular and irregular, recipe old women, as well as that great annoyance to the profession and curse to the people, the genus quack, will be—almost must have been—called on, and after all has been done within the range of knowledge or ignorance and no help derived, then we may say it is incurable by other means, and feel that we are as yet but babes in the lap of our therapeutical mother, growing to be sure, but slowly, so slowly that Time is scything the grass of our lives before fully ripened. This, the second proposition of Battey, is not one that will permit any extended comment, however great it calls for knowledge or experiment, and we will leave it here, to consider proposition

III. Is it reasonable to expect a cure by this method?

The effect produced upon certain conditions of the system by the menopause is to be considered in all its bearings. Again, as nature requires from one to four years to perfectly establish the menopause, excepting in rare cases, and surgery does in an hour the work that nature performs gradually, we must think of the different effects produced upon the system generally. the nerves particularly.

In certain fibroids of the uterus, the menopause causes atrophy, or stasis, if not entire disappearance, while to others, apparently of the same texture and connections, the change of life seems to add vigor, and the growth continues; however, in the majority of fibroids of the uterus, where there have been great floodings, we find that one symptom favorably affected or removed by the menopause, the congested condition of uterine tissue caused by ovulation no longer takes place, and we would naturally expect relief from age. Therefore, where the tumor cannot be removed, and the rapid growth and great blood loss are threatening to close the patient's eyes in death before the thirtieth or thirty-second year of menstruation life is closed, I think oöphorectomy promises much, and I would advise it. The operation may apparently fail of the results intended or hoped for—the patient live on for years, and remain in about one condition, at least not materially worse—yet who can say that the operation has not in a measure (great enough to prevent an exaggeration of her trouble) benefited her?

Dr. Trenholm, of Canada, reported a case of this kind some years since as cured; but Prof. Byford, three years after, reported the lady as under his charge and still a sufferer. Can it be said with any show of proof, that without the operation she would have lived the three years?

I would expect great benefit in cases of reflex nervous trouble, dependent upon or caused by diseased or displaced ovaries, causing the patient to be an object of pity to all, and a subject of disgust to herself; such cases are epilepsy, hystero-epilepsy, hysterical paralysis and mania.

Although I would favor oöphorectomy of the female and castration for the male, for many mental and physical deformities, as well as for some of the moral short-comings of the race, I would not in this day on those grounds dare to advise or perform it. Although I am certain, and reasonably so too, that humanity would derive a lasting benefit,

still I hope that the time will come when the question will be freely discussed and scientifically answered.

The per cent of deaths in oöphorectomies has, like that in ovariotomies, gradually decreased until now it is between sixteen and seventeen per cent, or nearly thirty-three and a third per cent less than it was ten years ago. Of cures of the disease for which it was performed we have over forty per cent reported, yet many cases, I do not doubt, were as to the result not reported, the surgeon contenting himself to report the operation, and recovery of the patient from the same.

The preparation of the patient for operation, and care after, is much the same as in ovariotomies. The dangers from peritonitis, tetanus, septicæmia, etc., are just as great, and should have sentries, ever watchful, guarding against their approach; and if one or the other of the enemies pass the portal, we should promptly meet him with any and every therapeutical weapon that promises to expel him.

The manner of operation must be left to the choice of the surgeon. Lateral laparotomy promises well, but the objection to it is, both ovaries cannot be removed through the one wound, should it become necessary to remove both. Elytrotomy is objectionable, for no one knows what adhesions are to be encountered, and whether the operation may not therefore have to be abandoned.

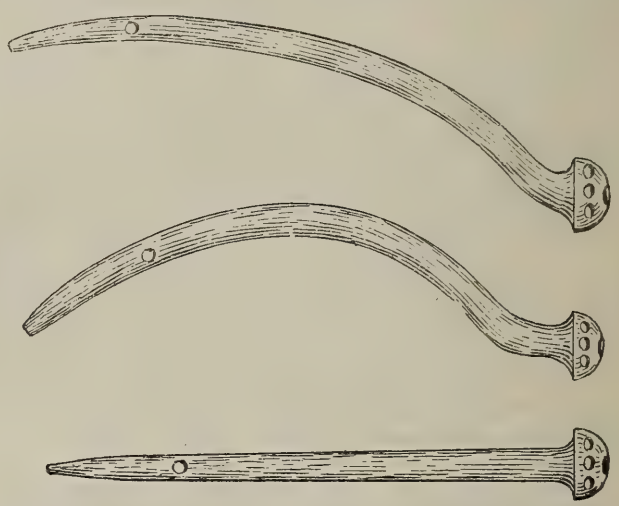
Gastrotomy is, I think, the safest and easiest method; the length of the incision must depend somewhat upon the particular case, the surgeon remembering that one too small can easily be enlarged while one too large only adds to the risk of the operation.

Whether the broad ligaments in their entirety, together with ovary and Fallopian tube, ought to be removed, are questions to be decided after the parts are seen. One thing is important, i. e., as little wounding of the peritoneum as possible.

In the case I shall presently read I operated by gastrotomy; my incision through the skin was two and a half inches in length, and through the linea alba one and a half inches. Although it would appear that an opening so small would not suffice, I will state that they are actual measurements made by Drs. Butterworth and Tutton.

I cut as close to the pubis as the fatty cushion of the mons would permit, first shaving the hairs from the same—dividing each layer of tissue upon a director, until I reached the peritoneum. I then broke up the peritoneal adhesions to the abdominal parieties, for some distance, with my finger, and reflected the peritoneum back, thus, as it were, enlarging the triangular supra pubic space. I then passed my finger into the wound, downward and backward, under the broad ligament, hooked up the ovary and brought it out of the wound. An assistant then passed a needle armed with a strong double ligature under the ovary, and ligated each way from the center over the ovarian attachment to the ligament, and to insure greater safety another ligature was tied around the whole. I then removed the ovary by a semi-enucleation, leaving no wound excepting of the space of its attachment, cut my ligatures short, and dropped them and the ligament back into the cavity. After the removal of both ovaries by the method mentioned I applied my drainage.

The manner of drainage is important. Some operators do not consider a drainage necessary, but from the amount of fluid passed in my case, I deem it one of the essentials to success, and were I to operate again I would not dare discard it. The abdominal well, or glass tube passed down through the abdominal wound, does not meet the indications as perfectly as wished, while to establish a rectal drainage only adds danger, by the passage of fœcal gases into the cavity. Drainage through the vagina has not been satisfactory under the usual methods, but I devised a vaginal drainage tube (of the pattern shown in the drawing), which Dr. Tutton made of hard rubber. The tube may be either curved or straight. I think in another case I would use a curved tube, it answered the purpose perfectly.



To introduce it, I passed a curved trocar, guided by my finger up the vagina. I then punctured through Douglas' pouch upon a finger of the opposite hand, introduced to prevent injury by the trocar to any of the viscera. After puncturing I passed the small open end of the tube down through the wound in the linea, and over the point of the trocar, pushing the trocar out and the tube into the wound of the cul-de-sac, continuing to push the tube through until the bulb was bedded in the recto-uterine pouch. The string through the point was loosely fastened externally to prevent the tube slipping back into the cavity. I then had a drainage from the most dependent portion of the abdominal cavity, particularly so if the body was slightly on

an incline, head and shoulders raised, and patient on her back. I also had a convenient method for irrigating the wounded internal parts, and washing out the cavity, should I so desire.

The closing of the abdominal wound was then in order. This I accomplished with interrupted sutures of silver, shotted and placed about one-half inch apart, after which the wound was dressed with antiseptic gauze and borated cotton, held in place by a flannel bandage.

The treatment of cases after operation must be applied as indicated; perfect quiet, both as to patients and surroundings, must be rigidly insisted upon and enforced. The diet must be low, the action tion of the skin, bladder and bowels, closely watched, the vagina should be thoroughly irrigated twice per day, with a hot carbolized solution, and during the irrigation the urine will be very apt to pass; the bowels may be kept in a soluble state, moving daily, or be locked up with opiates; I prefer the former. Such drugs only as are called for should be given.

CASE.

Mrs. A., aged twenty-seven, has had four full term labors and two miscarriages during the past ten years. She first menstruated at fifteen years of age, the flow coming on freely and suddenly while at school during the early spring. Up to that time she had enjoyed excellent health. Knowing nothing of puberty, and being greatly frightened, she went to a creek and washed her person and underclothing in the cold water, the flow ceasing then. That night she was attacked with severe pain in the right iliac fossa, and had high fever, but I am of the opinion it was perimetritis. The next day she had a convulsion, and the spasms repeated themselves ad-libitum thereafter, particularly did they appear just before and during each catamenia, after she had sufficiently recovered to return to school. The convulsions still returning, marriage and subsequent pregnancy was advised; she became a wife and eleven months afterwards a mother. The spasms increased in frequency after her marriage, and at times the increase in severity was marked During the past six years she has been almost entirely under my care, though so anxious was she to recover that she sought whatever or whoever promised her a cure.

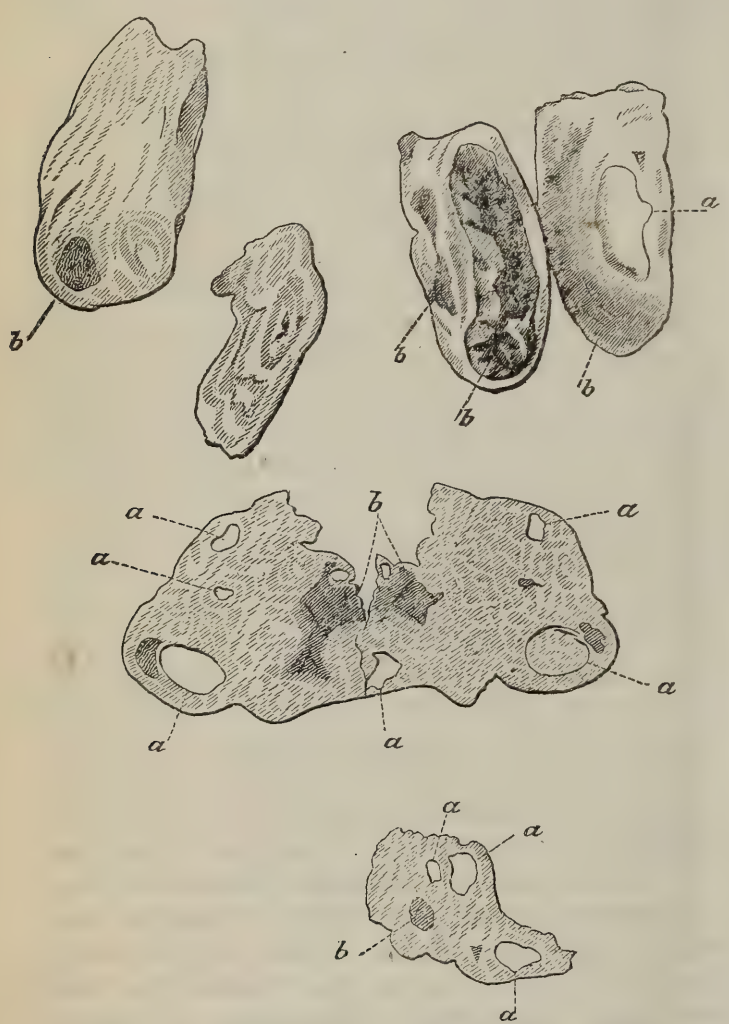
In May, 1882, she had a severe attack of typho-malarial fever; during the fever the spasms were of daily occurrence, though of a more hystero-epileptic character than ever before. After her recovery from the fever, the frequency of the attacks continued; she was terribly bruised by her frequent falls, often dislocating one or the other shoulder. In July she said to me: "Dr., I am going insane, I am no wife or mother, can nothing be done?" I then asked her for an examination of her genitalia (which had before been refused) by the recto abdominal method. I found a slightly retroverted uterus, an enlarged, not tender left ovary, and an enlarged, very tender right ovary. Upon pressing on the right ovary I could and did throw her into a spasm. Upon questioning I found that coition, constipation or menstruation caused convulsions; pregnancy and lactation seemed to increase their severity, but not frequency. I advised Battey's operation. Dr. Fulton was called in, and after examination he also advised oöphorectomy.

Mrs. A. and her family readily consented to the procedure. The subject of an operation seemed to, from that time, become a mono-mania. As the weather was extremely hot, I proposed to operate in October, and the time until then was passed by me in continual dread of meeting her, so earnest were her appeals for an earlier date.

Oct. 21 was the time set, but as the catamenia came on the 17th, I postponed the date one week. Allow me to state that since her illness in May she had had from three to seven epileptic seizures per week. On the 28th, in the presence of and assisted by Drs. Butterworth, Van Pelt, Moore, Tutton, Lusk and Borough, I proceeded to operate after the method stated. I found considerable adhesions of the right ovary—in fact to so great an extent that had I attempted elytrotomy I would have been forced to abandon the operation incompleted. After the wound was dressed the patient was put in bed, and warm blankets placed around her, and a hypodermic injection of one-fourth grain of morphine was given. I remained with her until the morning of the 29th, and made daily visits thereafter. During the night of 28th and 29th, she had two tonic spasms of the arms and dorsal muscles, but there was no crying out or frothing from the mouth. From that time the only peculiar thing in the case was that at no time did her pulse go over 84, or temperature above 99°; the urine passed freely, the drainage was perfect and profuse, there was not the least tympanitis, nor tenderness upon pressure; the abdominal wound healed by first intention, the stitches were removed on the 8th day, the drain ceased on the 9th, and on the 10th the tube was withdrawn. On the 5th day, without my knowledge, she took a tablespoonful of Epsom salts, but suffered no harm from it. After two weeks confinement to the bed I let her sit up, she had gained in flesh, her countenance was bright, clear and cheerful, the former contracted appearance of her facial muscles had disappeared. On her regular monthly time she came unwell, and to satisfy myself that it was the catamenia I made a specular examination, and found the discharge to come from the os; the flow lasted about four hours. On her next period (twenty-one days being her regular time) she was unwell about two hours, the flow was each time preceded by a pain in back and hips, and running down the thighs, and she was in a condition bordering on pros-

tration from over doing. There has been up to the present time no symptoms of epilepsy or hystero-epilepsy. She has rode out, and has been shopping; since the operation she has tenderly cared for her child through a severe attack of fever, and although she felt all a mother's love and anxiety, there has not been a nervous symptom. I, of course, cannot say so short a time after operation that she is cured of her epilepsy, however much I hope so, but after a year, should I live, I will report her condition.

Upon hardening the removed ovaries and making sections of them, they presented the appearance as shown in Dr. Tutton's accompanying drawing. Dr.



a Cysts. *b* Degeneration.

Hitchcock made microscopical investigation and found the following pathological conditions: "Both ovaries degenerated and presenting numerous unilocular cysts. Microscopical and chemical examination of the contents of one of the large cysts of the right ovary, shows it to have all of the characteristics of ovarian fluid. The left ovary contained a degenerated ovum. Microscopical examination of thin sections of both ovaries shows fatty transformation taking place. Arterioles very much enlarged, with coats containing fat cells and oil globules. A part of the fallopian tube that was attached to the left ovary was very much dilated, and was undergoing the same degenerative process as that of the ovaries."

From the conditions found as stated, I feel that even though the patient may not be cured of her epilepsy, the operation will be of great benefit to her.

To the gentlemen who kindly and ably assisted me in the operation, and to Dr. Hitchcock for his microscopical examination, and Dr. Tutton for his drawings, I desire to return my thanks, assuring them that I fully appreciate their services and the interest they have taken in the case.

*CLINICAL LECTURE ON THE DIAGNOSIS AND TREATMENT OF SIMPLE GASTRIC ULCER.**

BY M. FERNET, OF THE HOPITAL BEAUJON.

[CONCLUDED].

This is also the case with those neuropathic gastrorrhagias with neuralgic points and morbid phenomena, which may lead one to suppose the presence of a round ulcer, when, in fact, these are only the manifestations of visceral hysteria, vicarious hematemesis of amenorrhœa, or symptomatic of dysmenorrhœa, of chlorosis, uremia, alcoholism and cardiac affections, It has been shown, without mentioning the hematemesis of typhoid fever and dysentery, that gastrorrhagia exists in hemorrhagic erosions of the mucous membrane of the stomach, and even the cachectic new-born, in aphthous or follicular erosions, thus producing conditions more or less similar to the pathogenic conditions of gastric ulcer. What must we conclude from these facts? Not that gastrorrhagia has but a relative value in the diagnosis of Cruveilhier's disease, but that it indicates the destruction of the mucous membrane and the inception of the ulcerative period.

Another difficulty in regard to the diagnosis exists in this case, the presence of a tumor in the stomach. Is it sufficient to place an ulcer out of the question? Assuredly not; and this symptom is not a decisive proof of the existence of cancer, a gumma, or of any other tumor of the gastric walls. It is not unusual, during the period of ulceration, to observe a hypertrophy of the coats about the erosion, and involving the muscular layer more prominently, forming a ridge and giving rise to a sensation of a tumor, and later, as M. Fernet has observed to his pupils, to see in this tumor the cicatricial tissue of old ulcerations, or the remains of exudations dependant upon a local peritonitis caused by contiguity of tissues. This is equally true of gastric dilatation and of its physical signs, as it has no other significance than to indicate a permanent obstacle at the pyloric opening, and explains, by the retention and accumulation of food

*L'Union Medicale, March 3, 1883.

in the gastric pouch, the painful gastric crises following meals.

It is to the evolution of these symptoms that the disease of our patient owes its clinical character. These alternations of improvement and aggravation distinguish it from cancer, whose steady course leads progressively to a fatal termination. Moreover, it is consistent with the processus of the anatomical lesions, whose repetition corresponds to the painful returns. Of this nature was the case published by Tulkwell, in which the patient experienced grave gastric troubles upon two occasions, in January and in May, 1879. He succumbed a few months later, and, instead of a malignant tumor of the pylorus which had been diagnosticated during life, the autopsy demonstrated two cicatrices of different ages, of an ulcerative origin, together with a contraction of the walls of the stomach. This case is somewhat analogous to the one under consideration, and resembles that of the gourmet whom Cruveilhier treated for years, and in whom a less experienced physician thought he recognized cancer.

It is on this account that diet has such an influence upon the course of gastric ulcer, that there is an immediate diminution of the symptoms, their disappearance, cicatrization and permanent amelioration; and when this severe diet is broken in upon, the accidents recur even after months or years. Dietetic medication gives no such results in cancer, so that the different effects of a certain diet form a means of verifying and a touch-stone for the diagnosis of doubtful cases.

To sum up, the morbid phenomena of our patient are none other than those of simple gastric ulcer, characterized in the erosive state by functional and painful troubles of the stomach; in the ulcerative period, by melanotic stools in default of hematemesis, and in the reparative stage by the formation of cicatrices, having given rise to pyloric stricture. In the present return can we hope for a happy termination as in 1870 and 1875? The effects of treatment will enable us to pronounce judgment upon this question, in the consideration of which we must take into account two new morbid elements: the gastric dilatation and cicatricial contraction of the pylorus. We must fear obstruction of the pyloric opening leading to inanition, in other words, to a slow death, and apprehend, in the absence of the reparative process or by recurrence of the ulcer, perforation and hemorrhage, that is to say, rapid or even instantaneous death.

In fact, it is after the modes of evolution and termination that a classification of round ulcers as slow, vapid and acute, has been established (Jaccoud), a classification which enables us to appreciate the medico-legal importance of these ulcers with instantaneous death, which gives rise to suspicions of poisoning, and even as cited to the Medical Society of Cambridge to an exhumation and autopsy. Who does not remember, as attested by Littré, the historic fact of the sudden death of Henrietta, of England, who succumbed, it was said, to a poisoned drink, when she was most probably the victim of a gastric ulcer, more or less ancient? Hence, prognosis should be reserved, as well in our patient, where the form of the disease is slow, as in those cases where it is rapid.

What are the therapeutic indications in Cruveilhier's disease? At the beginning, when the disease is merely suspected, as later when it has declared itself, the first indication is a milk diet, that is to say, hygienic medication. Have we not seen the gastric troubles of our patient disappear under this influence? Emaciation no longer increased, and by successive weighings it was established that his weight no longer diminished, a certain proof of improvement in the function of nutrition. A few spoonfuls of "milk-powder" could be added with advantage. This, however, was not the case when an attempt was made to substitute concentrated milk or "meat-powder" dissolved in warm bouillon or rum grog. The symptoms of gastric irritation recommenced, to disappear on a return to pure milk or in the form of starchy preparations. Methodical feeling is necessary to learn the nature of each patient's stomach (Cruveilhier). In this manner, since three or four days, meat-powder has been tolerated mixed with milk, and in a daily quantity of two spoonfuls representing two hundred grams of fresh meat. The medical treatment is of secondary importance. At the beginning revulsives, cauterizing, the actual cautery later on, sulphate of soda in daily doses of twelve to fifteen grams, and mixed with bicarbonate of soda and common salt, after the German method and mineral waters; rectal injections render useful service.

If the disease is established, the indications for treatment are symptomatic; nitrate of silver, subnitrate of bismuth, calomel, etc., for the ulceration; ice, perchloride of iron, ergotine for the hematemesis; opium and preferably morphine injections to combat the pain.

Washing out the stomach, not always without its inconveniences (Millard), has been successfully employed with our patient. It enabled us to remove food which had sojourned five days in the gastric pouch, to lessen the pain and vomiting, and, as a consequence, the gastric irritability, one of the principal obstacles to a milk diet.

As to the surgical treatment, notwithstanding the success of Rydygier, its indications are far from being clearly defined. Clinical surgery has not yet pronounced itself on the value of the bold operations.

The milk diet is the ruling indication in treatment

and also the safeguard against relapses. As M. Gaillard has shown anew, after Cruveilhier, the round ulcer is the result of a chronic gastritis. In this respect, as also by reason of the functional disturbances, it differs from the gastric ulcerations produced by embolism or thrombosis (Virchow), or by venous stasis (Rokitansky), or by nervous troubles (Brown—Sequard). Of what importance is the productive mechanism of these ulcerations from causes so varied and their explanatory theories? There exist undoubtedly gastric ulcerations due to various causes. It is no less certain that all other is the round ulcer. Clinically, it possesses the symptoms of a defined morbid entity, and represents, anatomically, the highest degree of ulcerative gastritis (Cruveilhier). Ulceration is one of the pathological incidents of Cruveilhier's Disease, and does not constitute it.

*A LECTURE ON PERMANENT ASTHMA.**

BY PROF. GERMAIN SEE.

For the greater part of physicians asthma is an intermittent affection, with paroxysms occurring generally at night and disappearing after a few hours, without leaving, as a rule, any other damage to the health but a certain degree of fatigue and general prostration. The intermittence is for them a characteristic, and this idea rules them to such an extent that they are loth to accept the idea of an asthma with continuous dyspnœa. It is admitted that the attacks repeating themselves end by producing a habitual dyspnœa, which persists between the attacks. This is what Van Helmont denominated mixed asthma. But for the least accentuation in this phenomenon of continual oppression the idea of asthma disappears; the physician who is called to make a diagnosis no longer inquires if the patient had intermittent attacks formerly; he does not see beyond the lesion he has beneath his eyes, and he calls it pulmonary emphysema with chronic bronchitis. He will be reinforced in this if upon questioning he discovers that the patient never had nocturnal attacks. Now, I wish to show that not only can asthma become continuous after having been intermittent, but it can also become a disease with permanent dyspnœa at once, without having passed the paroxysmal stage, and that an asthmatic, however catarrhal or emphysematous he may be, is always an asthmatic.

To tell the truth, it is Laennec who destroyed the idea of asthma, for the benefit of emphysema. Before him, asthma as a disease was well established and admitted, not only in nosology but in practice; and this tradition has persisted to this day among people of the world who conceive asthma to be what it was considered before Laennec. He dismembered the disease and dispersed its elements in dry and pituitary catarrhs, pulmonary emphysema, neuroses of the lungs; and the place he accorded to asthma was so limited, that he questioned whether a nervous disease meriting the name existed outside of dry catarrh and emphysema.

From that time all the attention was turned to pulmonary emphysema. Chomel, Louis, Grisolle regarded asthma as a rarity, and Louis made emphysema the very cause of asthma. However great we may wish to make the part played by anatomical lesions, it is impossible to admit such theories. It is evident that emphysema of the lung may be developed by the influence of very different causes, and that it is not necessarily accompanied by symptoms of asthma; it then enters into the composition of asthma only to the same degree as dyspnœa; it is only a lesion as the latter is a symptom, subordinate, one and the other, to the very essence of the disease asthma.

I do not wish to give the pathogeny of asthma. I wish merely to call attention to the three elements which I think enter into the composition of asthma; a special nervous dyspnœa, a bronchial exudation and an emphysematous state of the lung. No matter how short an attack of asthma may be, it is always accompanied by a transitory catarrh and temporary emphysema. To see nought but the nervous element in asthma, is to neglect two quantities out of three, and is a refusal to learn the later evolution of the disease and the different forms it may assume. If the catarrhal becomes exaggerated in an unaccustomed manner, you have a new form of the disease known as "catarrhal" asthma, and in certain cases of rare occurrence where the bronchial flow becomes extraordinarily abundant there is "pituitary" asthma. If on the other hand the temporary emphysema becomes marked, developes and establishes itself in a definite manner, you have asthma with a predominating emphysematous character; it is this form, especially, which answers to that which I denominate "permanent" asthma.

The majority of physicians, as I have said, do not reason thus, and in such a case consider the emphysema as the primary cause of the affection. An English physician, Waters, the author of a remarkable work on pulmonary emphysema, takes this manner of looking at the subject, in my opinion erroneous, when proposing to determine the varieties of emphysema of the lung. In his opinion there are two large classes of emphysema:

1. A secondary emphysema, lobular, partial, mechanical, which appears in the course of all bronchial affections, remainining stationary and inactive as long as the evolution of these diseases is stopped, becoming greater, however, and more marked, after each return of the bronchial trouble,

*L' Union Mèdicale, March 6, 1883.

which returns it seems to call up in some way and to favor. I do not deny the existence of this secondary emphysema, but it has nothing whatever to do with asthma. 2. In addition to this first class, Waters admits another variety of emphysema, which he calls primary, protopathic or constitutional emphysema. Here there is oppression, short breath, and the physical signs of emphysema establish and develop themselves independently of any other affection; it is only later that bronchitis appears. The most striking symptom of the affection is a permanent shortness of breath, which becomes heightened under certain conditions such as wet weather, by intercurrent bronchitis, certain motions or by difficult digestion. For Waters, this emphysema is a special disease, absolutely distinct from that secondary to broncho-pulmonary troubles. He sees the proof of this not only in its spontaneous devolopment but also in its heredity.

I accept the classes of Waters without hesitation; his description is perfectly true. We only differ upon one point; it is this, that for me, his protopathic or constitutional form is not at all primary; it is simply one of the factors of the ignored asthmatic triad, or rather it is asthma with emphysematous predominance—permanent asthma.

You have seen in our wards a young patient who, for Waters, would present a typical case of constitutional emphysema, and which I present to you as a very clear example of permanent asthma.

Case I.—Permanent Asthma, Dating from Infancy, with Exacerbations; Generalized Pulmonary Emphysema.

A ——, 18 years old, admitted March 21, a victim to an intense dyspnœa; the face was anxious, inspiration painful and expiration noisy; he sat on his bed, supported by his hands, using all his thoracic muscles to make air penetrate into the chest. From time to time a hacking, painful cough, followed by scanty muco-purulent expectoration. The chest is convex; the sub-clavicular fossa very marked. Sonorousness of the thorax is exaggerated all over, anteriorly and posteriorly. Upon auscultation, the vesicular murmur is obscure; expiration is prolonged and accompanied by whistling and by sibilant râles which fill the whole chest. The pulse and heart beats are regular; under the sternum is heard a soft, well-defined, systolic blowing sound, showing tricuspid insufficiency. There is no malleolar œdema. The urine is clear and contains no albumen.

The patient says that his parents are robust and still living, and are neither catarrhal nor asthmatic. He never remembers having had any serious illness, not even measles or scarlatina. But, since childhood, as far back as he can remember, he was always short of breath, never being able to play and run with his companions without becoming blown. This continuous oppression sometimes became exaggerated, more particularly in winter. Two years ago, he says he had, at different times, "choking fits," which came on at night and lasted several hours. Since last December, the dyspnœa is worse, accompanied by cough with mucous sputa, and upon several occasions with rather copious epistaxis. The treatment is two grams of potassium iodide daily.

March 30.—The dyspnœa is much less, the patient can lie upon his back. Inspiration is more easy; the sibilant sounds less numerous. The tricuspid souffle has disappeared.

April 5.—The patient breathes more easily; expiration is still somewhat whistling; the least fatigue "blows" him. The thoracic convexity is exaggerated and the abnormal sonority and obscurity of the vesicular murmur persist. The patient is discharged at his own request.

For those physicians who only wish to look at the pulmonary lesion, this young man is emphysematous, and for Waters, he is attacked with the protopathic form of emphysema, as it does not appear to have been preceded either by bronchitis or any other disease capable of explaining the case. For my part I consider him asthmatic. It is a fact which I think I have sufficiently well established elsewhere that asthma is a disease much more frequently encountered in childhood than is generally thought. Asthmatic attacks may occur after the age of eighteen months or one year, taking on an alarming intensity and an aspect peculiar to itself on account of the narrowness of the bronchial tubes at that age. I have no doubt, whatever, that our patient had such attacks in his infancy, and that the emphysema he now has is but the result of these repeated attacks. The proof that it is but one of the elements of this pathogenic triad of asthma, is that the other two, the nervous and catarrhal, reappear from time to time in the patient, and then we have a dyspnœtic exacerbation, which is nothing more than a prolonged asthmatic attack. If this has lasted three weeks or more instead of a few hours, as in the classic form, it is due no doubt to the influence exerted by the emphymatous element; but you have seen that the effects of potassium iodide were none the less happy upon the course of the disease.

Thus we see that permanent asthma may begin in childhood; but it is not always thus. It may begin at adult age, as the two following cases will show:

Case II.—Permanent Asthma—Emphysema and Bronchial Catarrh.

G——, gilder, aged thirty-seven, admitted March 21, had good health up to 1867. At that time, being in New Foundland, as a sailor, he contracted a severe bronchitis, which kept him six weeks in hospital. Since then he has always been short of

breath and respiration interfered with, but without any choking attacks. He coughed easily and had bronchitis every winter; he never spat blood. Since a few years the oppression has become more marked. Since two years, he was twice admitted to la Charitè for bronchitis with suffocative attacks. Two months ago the cough became hacking and painful, and followed by the expectoration of mucous and viscous sputa. He cannot walk up stairs without a choking attack. At night he often has attacks of suffocation together with night-sweats. There is no œdema of the legs; the appetite is good and general health excellent.

Present state. The man appears vigorous—respiration is impeded and noisy, being audible at a distance—cough frequent and hacking—muco-salivary sputa in the cuspadore—thorax dilated; sonority exaggerated under the clavicles, in the axillæ and in the middle parts of the two lungs, posteriorly, becoming somewhat feebler towards the bases. Sonorous râles filling the chest, anteriorly and posteriorly, and accompanied by noisy whistling and prolonged whistling expiration. In the bases abundant sub-crepitant râles. The heart sounds are dull; no blowing sound. The urine is clear; no albumen. There is no œdema of the legs; the appetite is preserved; no fever. Potassium iodide two grams.

The patient leaves in three weeks. The attacks of choking have disappeared; he can go up stairs without difficulty, but he is still short of breath. The sonorous and sub-crepitant râles have disappeared. There only remain prolonged and whistling expiration and some disseminated sibilant râles. Percussion gives the same exaggerated sonorousness.

Case III.—Permanent Asthma.—Repeated Bronchitis; Pulmonary Emphysema.

M——, aged thirty-seven, admitted May 16. Menstruation regular and generally in good health. Has had five children; now eight months pregnant. Since five years, without any known cause, has been short of breath, is blown whenever she walks fast, cannot go up stairs without stopping at each landing. Has had bronchitis frequently. Has never had any attack of suffocation at night. Caught a cold a week ago, is hoarse, has a painful cough without expectoration. The respiration has become difficult and whistling.

Present state. The patient is a vigorous woman. The face is flushed and dyspnœic. The voice is hoarse, almost gone. Respiration labored, with expiratory whistling. A hacking cough without expectoration. Percussion discloses, anteriorly and posteriorly, a full, sonorous sound. Sonorous and generalized sibilant râles, mixed with mucous râles in the right base. The heart-sounds are enfeebled; no blowing. The urine is high-colored; no albumen. The tongue is coated and there is inappetency. eidlitz water; two grams potassium iodide.

On the 21st the patient asks to be discharged. She breathes more easily. The hoarseness has disappeared. The respiratory murmur is very feeble everywhere and covered in some places by whistling sounds; but the numerous sonorous râles which filled the chest are no longer heard.

I could relate many other similar cases, for they are numerous; but the course and aspect of the disease is always the same. These patients are asthmatics in whom, immediately after the asthmatic attack, the catarrhal and the emphysematous elements assume abnormal importance. From that time on, each new attack has a tendency to be reproduced with the characteristics of the first one, that is to say, in the form of a sibilant bronchitis more or less prolonged. The patients are brought little by little, so to speak, to a state of permanent asthma, aggravated by more or less intense exacerbations, the dyspnœa peculiar to asthma in some way grafting itself upon the continuous dyspnœa of the emphysema.

Treatment.—The distinction which I wish to establish between simple emphysema and asthma of emphysematous form, is more important than might be supposed at first. It is not merely for the mere satisfaction of making a diagnosis; there is also involved the question of treatment, which has a certain value. All catarrhal and emphysematous patients are indiscriminately sent to water-cures. How many of these are benefitted? With the exception of Mont Dore and La Bourboule, the waters have no value for asthmatics; in such cases no benefit is obtained from sulphur water.

The true treatment of this permanent asthma, as well as of the classic form, is by potassium iodide; not in doses of twenty-five to fifty centigrams as first recommended and then abandoned by Trousseau, but in doses of two to three grams daily. This dose being given for a certain time, the exacerbations disappear, the continuous dyspnœa becomes modified and ceases, and the cough and catarrh lessen. Many are the cases of improvement in a few days, by this treatment, of so-called cases of catarrh with emphysema which resisted for months the classic treatment of bronchial catarrh. It is because the physician failed to recognize the true disease—permanent asthma—beneath the catarrhal and emphysematous conditions. I will add that the various mixtures known as Green's Elixir act only by reason of the iodide they contain, the narcotics and lobelia which are added being absolutely useless. It may be necessary the first few days to give from five to ten centigrams of opium daily to prevent iodism.

ST. LOUIS MEDICAL SOCIETY.

Saturday, March 24, 1883.

The Vice-President, Dr. Dudley, in the chair.

Dr. Watkins reported the case of a man, aged twenty-two, of spare build and a cigar maker, married, who stammers, is of an irritable nature and in good health, suddenly pointing with his finger, uttering an exclamation, and falling into convulsions. Between the convulsions he was stertorous and comatose. The intervals lasted fifteen minutes, there being a general tremor. The pupils were contracted, and the conjunctivæ injected. The pulse never rose higher than 86. The tongue was severely bitten. A half-hour after being removed home he became conscious, complaining of frontal head-ache. No history of epilepsy or syphilis. The treatment was a mustard plaster to the back and ice to the head. Chloroform inhalations and bromide of potassium at first. A cathartic was ordered, together with potassium iodide and Huxham's tincture of bark, and he is doing well.

Dr. Atwood regarded the case as one of epilepsy; it was difficult to say where the aura originated, and such cases required a great deal of careful questioning and examination. It might be caused by an imprudence in diet or syphilis.

Dr. Montgomery did not think it due to syphilis, as recovery was too rapid. He thought the treatment good.

Dr. Watkins had inquired carefully into the food taken and found nothing unusual. At the time he regarded it as a case of cerebral congestion.

Dr. Montgomery spoke of the pneumonia of children under eighteen months, stating that he had been very unfortunate in its treatment. He employed counter-irritation to the chest, small doses of calomel and ipecac, carbonate of ammonia, syrup of senega, etc., mustard foot-baths and sustaining treatment. He mentioned his success in treating diphtheria, giving his method.

Dr. Fischel could see nothing different from the ordinary treatment of diphtheria, and regarded the Doctor as fortunate in his cases. He thought that a more expectant treatment might be accompanied by better results. The treatment of Wiedeholt, of Vienna, was to let them alone. What was occasionally used was the infusion of digitalis.

Dr. Watkins had a number of cases of pneumonia in children, and attributed his success to letting them alone. He gave heart sedatives, nutritives, quiet, and kept the temperature of the room at 70°. After three or four days, stimulants.

Dr. Atwood thought that each stage required a particular treatment. He believed in calomel and veratrum in the first. He also gave potassium iodide to procure absorption, and when the lung cleared up, stimulants and nutriments. The particular treatment could be mapped out, it must be according to the pathological state present.

Dr. Montgomery only gives calomel, in very small doses, in the first stage, and he thinks it tends to subdue inflammation. Where there is purulent infiltration he gives iodide of potassium and uses blisters. Digitalis is too slow in its action; he believes in veratrum, but is afraid to give either to children.

Dr. Watkins gives digitalis to control the heart's action and diminish the flow of blood to the lungs. The vitality is not lowered, as it does not depress like veratrum.

Dr. Atwood said that one man will treat pneumonia successfully with stimulants, and another equally well with depressants.

Dr. Williams recently treated a man, sixty years old, who fell down and struck the right side of his head, but did not long remain unconscious. Several days later he suddenly had amnestic aphasia. He lost almost all of his knowledge of things and words. Both ears were full of cerumen, which, when removed, cleared his head slightly. The right eye diverged at times. He has disappeared from sight lately.

Dr. Pollak lately saw a girl, aged seventeen and in good health, who occasionally complains of a little headache. Her sleep and appetite are good and pulse normal. Every few moments she draws an audible sigh, and has been doing so day and night for four months. Several physicians have tried to relieve her, but have failed to do so. Almost everything has been tried without effect. She never passes more than ten minutes without a sigh, and it is distressing to hear it

Dr. Atwood thought this due to a central lesion affecting the pneumogastric nerve, but what lesion it is, it is impossible to say, except by post-mortem examination. He thought that he would use atropine and ergot. The treatment of such a case must necessarily be empirical. He has treated paralysis due to effusion within the cavity of the skull successfully with atropine and ergot.

Dr. Watkins thought that galvanism might be of benefit if persistently applied for say sixty days, but a few applications, such as Dr. Pollak says have been employed, could do no good.

Dwellers in Winnepeg are puzzled to know how their milk-men are able to get four thousand gallons of milk, the quantity daily sold, from the six hundred cows kept in and about the city. The mystery is probably explained by the fact that the Red river flows near by.

Tincture of Digitalis has a more favorable influence to relieve symptoms due to organic heart disease when given in doses of one drop every half-hour, or hour, than when given in larger doses. Dr. A. A. Smith finds (N. Y. Med. Jour.) this method of administration much more satisfactory than the large doses three or four times a day.

Castor Oil in doses of five drops every hour in water, with sugar and gum, is recommended by Dr. A. A. Smith (N. Y. Med. Jour.) as treatment for the diarrhœa of children which is accompanied with slight inflammation, straining and passage of jelly-looking matter, but not true dysentery.

Sciatica amd Lumbago are treated with great success by Mr. J. Brindley James (British Medical Journal), by subcutaneous injections of sulphuric ether, beginning with ten minims and gradually increasing to thirty. Before the administration of the ether dry-cups are applied over the seat of the lesion. At the outset of the treatment a brisk purge is given, and a mixture containing five grains of salicylate of soda in an ounce of infusion of gentian administered every two hours.

THE ARMY.

Official List of Changes of Stations and Duties of Officers of the Medical Department U. S Army, from March 8th, 1883, to March 23rd, 1883.

Murray, Robert, Colonel and Assistant Surgeon General: detailed as member of Army Retiring Board, to convene at the call of the President thereof, at Governor's Island, N. Y. Harbor, for the examination of such officers as may be ordered before it. (Par. 2, S. O. 62. A. G. O., March 16, 1883.)

Summers, John E., Lieutenant Colonel and Surgeon: detailed as member of Army Retiring Board, to convene at the call of the President thereof, at Omaha, Nebraska, for the examination of such officers as may be ordered before it. (Par. 9, S. O. 62, A. G. O., March 16, 1883.)

Bill, Joseph H., Major and Surgeon: detailed as member of Army Retiring Board, to convene at the call of the President thereof, at Omaha, Nebraska, for the examination of such officers as may be ordered before it. (Par. 9, S. O. 62, A. G. O., March 16, 1883.)

Brown, Harvey E., Major and Surgeon: temporarily assigned to duty at Mount Vernon Barracks, Ala., during the absence on leave of Captain T. A. Cunningham. (Par. 2, S. O. 17, Department of the South, March 6, 1883.)

Irwin, B. J. D., Major and Surgeon: detailed as member of General Court Martial, to meet at Whipple Barracks, Prescott, Arizona Territory, April 23, 1883, for trial of Captain J. P. Walker, 3 Cavalry. (Par. 1, S. O. 62, A. G. O., March 6, 1883.)

Janeway, John H., Major and Surgeon: detailed as member of Army Retiring Board, to convene at Governor's Island, N. Y. Habor, for the examination of such officers as may be ordered before it. (Par. 2, S. O. 62, A. G. O., March 16, 1883.)

Williams, J. W., Major and Surgeon: upon being relieved from duty at Fort Coeur d' Aléne, Idaho, will proceed to Fort Walla Walla, Wash. Ty., and report for duty as medical officer of that post. (Par. 5, S. O. 24, Department of the Columbia, March 1, 1883.)

Burton, Henry G., Captain and Assistant Surgeon: to be relieved from duty in the Department of the East, and will report in person to the commanding general, Department of Dakota, for assignment to duty. (Par. 1, S. O. 67, A. G. O., March 22, 1883.)

Cunningham, T. A., Captain and Surgeon: granted leave of absence for twenty days, to take effect from the 21st instant. (Par. 1, S. O. 17, Department of the South, March 6, 1883.)

Girard, Joseph B., Captain and Assistant Surgeon: detailed as member of General Court Martial, to meet at Whipple Barracks, Prescott, Arizona Territory, April 23, 1883, for trial of Captain J. P. Walker, 3 Cavalry. (Par. 1, S. O. 62, A. G. O., March 16, 1883.)

Heizmann, Chas. L., Captain and Surgeon: to be relieved from duty in the Department of the South, and assigned to duty at Columbus Barracks, Ohio. (Par. 8, S. O. 58, A. G. O., March 12, 1883.)

Porter, Joseph Y., Captain and Assistant Surgeon: to be relieved from duty in the Department of the South, and will report in person to the commanding general, Department of Texas, for assignment to duty. (Par. 1, S. O. 67, A. G. O., March 22, 1883.)

Taylor, B. D, Captain and Assistant Surgeon: to be relieved from duty at Fort R nggold, Texas, and will so soon as able report to the commanding officer, Fort Clark, Texas, for duty. (Par. 6, S. O. 25, Department of Texas, March 9, 1883.)

Winne, Charles K., Captain and Assistant Surgeon: granted leave of absence for three months from March 31, 1883, and will be relieved from duty in the Department of the East, and upon the expiration of his leave of absence will report in person to the commanding general, Department of California, for assignment to duty. (S. O. 61, A. G. O., March 15, 1883.)

Wood, Marshall, Captain and Surgeon: is assigned to duty at Fort Coeur d' Aléne, Idaho. (Par. 5, S. O. 24, Department of the Columbia, March 1, 1883.)

Brechemin, Louis, 1st Lieutenant and Assistant Surgeon: to proceed to Fort Brady, Michigan, and report to the commanding officer for duty at that post. (Par. 1, S. O. 41, Department of the South, March 14, 1883.)

Hopkins, Wm. E., 1st Lieutenant and Assistant Surgeon: the leave of absence granted December 28, 1882, is extended two months. (Par. 5, S. O. 56, A. G. O., March 9, 1883.)

The Weekly Medical Review.

Vol. VII. No. 12. CHICAGO AND ST. LOUIS, APRIL 7, 1883. Terms: $3.00 a Year.

The Observations of Dr. Matthew Hay upon the effects of nitrite of sodium, and their similarity to those produced by nitrite of amyl and nitro-glycerine, led him to conclude that the peculiar action of these remedies was due to the nitrous acid which they contained. And as nitrite of amyl and nitro-glycerine had been highly extolled in the treatment of angina pectoris, he determined to try the sodium nitrite in the same affection. So far he has had only one well marked case, but the experiments tried in that one, which are reported in The Practitioner, were followed by very encouraging results. The patient had been suffering for nearly a year from attacks of pain, which had gradually increased in frequency and severity until they were of a most violent character, and occurred once, generally twice, during the night. The pain began in the middle of the front of the chest, extended backwards until it was felt between the shoulder-blades, passed down the arms to the tips of the fingers, and was very severe in the right wrist. There was no sense of suffocation, no difficulty in respiration, no sickness and no giddiness. Examination showed slight cardiac hypertrophy, and prolongation of both sounds as heard at the apex. In the aortic area the first sound was followed by a short, soft, blowing murmur, the second by one louder and more prolonged. There was no dropsy and the urine was normal in every respect. Nitrite of amyl was tried at first, which, while it gave relief, did not entirely subdue the pain, and was always accompanied by headache and giddiness. Nitrite of sodium was then given according to the following: ℞ Sodii Nitritis, ℥ss; Aquæ ad fl. ℥xij. Solve. Sig. Dose, one to two teaspoonfuls. It was found that a dose of this mixture would give complete freedom from pain, and if taken promptly when a paroxysm was coming on, it would arrest it in one or two minutes. Comparing the effect of the nitrite of sodium with that of the nitrite of amyl, it was found that the preventive action of the former extended over a longer period than that of the latter. Comparing the rapidity in action of one over the other, it was found that while the nitrite of amyl acted more promptly than the nitrite of sodium, when the latter once took effect, which it did in two or three minutes, the pain was entirely relieved, whereas the former only dulled it and did not shorten its duration. Comparison of the effects of the nitrite of sodium with those of nitro-glycerine showed that although the latter afforded complete relief from the pain, its influence was not as lasting as that of the sodium salt, and it was followed by throbbing in the head and giddiness, which were not experienced when the sodium was used. In conclusion he says, "it is extremely satisfactory to find from this case..... that in the nitrite of sodium, the simplest of all the nitrous acid compounds, we have a remedy as active in kind and as reliable in effect as nitrite of amyl or nitro-glycerine, and possessing several distinct advantages over either of these in respect, among other things, of producing in therapeutic doses no disagreeable general effects, headache, giddiness, and even partial collapse." The only objection to the use of the remedy is that it is apt to produce eructations of nitrous acid gas, especially when given in large doses, but when the nature of the disease is taken into consideration this is not regarded as a serious one.

A Case of Addison's Disease, with marked discoloration of the tongue, is reported by Mr. Loftus Wilkins in the London Lancet.

Besides the characteristic bronze hue of the skin, which was particularly marked on the upper part of the chest, face, neck and arms, and which in numerous spots on the surface of the latter and sides of the neck, was of a deep chocolate or black color, there was a mottled appearance of the gums and inner surface of the lips and cheeks due to numerous patches of a deep brownish or mulberry tint. Upon the posterior part of the dorsum of the tongue, in a central position, was a nearly circular patch about the size of a shilling. Anterior to this and upon the right side was an irregular patch of about the same size, and also two smaller ones on the left side. These were all of a very dark color, and looked like ink stains, while the portions of the tongue between the patches was red and natural in appearance. Physical examination of the chest showed nothing abnormal, nor was there any pain or tenderness on pressure over any part of the abdomen. The bowels were natural, the urine clear, acid, with a specific gravity of 1020 and no albumen. The pulse was small and weak. Lassitude and weakness was all that the patient complained of. After a few days, nausea and vomiting set in, which could at first be relieved, but later all efforts to check it were ineffectual. Iced milk and beef tea were, however, retained in fair quantities, and arsenic and steel given, but the debility gradually increased, vomiting became more frequent; pains in the epigastrium and hiccough were occasionally present, but were relieved by an opiate. The pulse at the wrist became imperceptible, the heart sounds very feeble, and death quietly took place.

The External Application of Belladonna was resorted to by Dr. Costine (London Lancet) in a case of intestinal obstruction, and was followed in a few hours by a discharge from the bowels. There was obstinate constipation, no evacuation having taken place for fourteen days. Vomiting had occasionally taken place, and there had been much pain in the abdomen. Examination showed much distension of the belly, though the walls were not tense. There was occasionally a soft, defined swelling in the right iliac region about the size of the cæcum; but no lumps or bowel could be felt; there was no hernia and nothing abnormal could be felt per rectum. A large quantity of fluid could be injected. The patient had taken all kinds of purgatives without effect. One grain of opium every six hours was ordered; also cold, strong beef tea and milk in small quantities often repeated. The next day there was freedom from pain and vomiting, but on the second day after, he was much prostrated, with a frequent and intermittent pulse and fæcal vomiting. Six ounces of brandy in twenty-four hours and plenty of beef tea were ordered, and one ounce of belladonna ointment spread on a large poultice was applied over the abdomen, and freduently repeated. The belladonna was first applied in the afternoon, and the same evening the bowels were opened. He progressed favorably for several days, when constipation again took place, which castor oil failed to relieve, but which the external application of belladonna, and opium internally, removed.

In a Paper read before the Midland Medical Society, Mr. Priestley Smith held (British Medical Journal) that the opposite effects of eserine and atropine in the tension of glaucoma were not due to any influence over secretion, but to changes in the mechanical relations of the iris. Any changes in the tension of the eye which they produced were accomplished by alterating the relations of the iris in such a way as to hinder or promote the escape of the intra-ocular fluid. Clinical experience and the facts discovered by dissecting in the principal varieties of the disease support this idea. As to the propriety of using eserine in any individual case the question should be asked: Is there an obstruction in the eye which is capable of reduction by contraction of the pupil? Caution was advised in the use of the remedy, as if it did no good it was likely to do harm, for the reason that it increased the amount of blood in the vessels of the iris, and had been known to produce hemorrhage.

Gaillard's Medical Weekly says that Columbus Medical College has captured the Illinois State Board of Health. It seems that in October Dr. Rauch began to examine into the affairs of the Columbus Medical College in a way that foreboded evil for its owners; but it appears that during the progress of the investigation a nephew of Dr. Hamilton, the owner of Columbus Medical College, becomes Governor of Illinois, when, lo and behold! the Illinois State Board of Health drops the Columbus Medical College like a hot cake, thus, by default, recognizing the diploma of a college which has several very dubious charges against it. So it seems that, after all, the Illinois State Board of Health, though valiant when fighting small game with long-range guns, is weak and unsteady when it meets with a foe in the shape of a Governor who might cause their removal. Well, the Illinois State Board has done a great deal of good, and though it may not be able to fight a healthy college with some influence, yet it still has power enough to cope with the midwives of the great State of Illinois, and we trust that they will keep up a show of work, at any rate. (St. Joseph Herald.) [If this statement be not founded on fact, it is quite in order for the ubiquitous secretary of the Board to rise and rebuke the author of the same. If it be true, it would be equally in order for him to rise and explain—if he can.]

The Case of an Old Woman Aged Seventy, who, after eating a large quantity of watermelon and swallowing the seeds, suffered from obstruction of the bowels, is related by Dr. Giulio Dozzi in the Gazz. Med. Ital. Purgatives and injections had been tried with no relief. The meteorism was enormous. He determined to try entero-puncture, using trocar No. 2 of Dieulafoy's aspirator. Four punctures were made, two in the right iliac region, the third in the left upper fourth, and the fourth in the left lower fourth. From three punctures issued an immense quantity of gas; from the fourth no gas, the trocar being plugged with fæcal matter. A dose of oil given the same evening procured four copious evacuations, and the patient made a good recovery. One of the punctures gave rise to a small abscess. In this case peristaltic action was evidently prevented by the enormous quantity of gas, arising from the decomposition of the retained fæces.

The Following Case of Dental Anomaly is reported by Dr. Guilford, of Philadelphia, in the Dental Cosmos: A man aged forty-eight, without any alveolar process of either jaw, and consequent total absence of permanent teeth, the angle of the jaw being oblique as in old people. Lacking all power of mastication, he nevertheless eats all sorts of food, which he cuts up fine, and thus throws the whole burden of digestion upon his stomach. He moreover enjoys but a very limited sense of taste, has no development of fine hairs all over the skin, and seems to possess no sudoriparous glands, as he has never been known to perspire. When at work during warm weather he has to keep his clothing saturated with cold water, which, by its evaporation, shall preserve its proper bodily heat. He is thrown into spasms if his clothing be allowed to dry. Eight children have inherited to some extent their father's edentulous condition.

The Following Conclusions are reached by Spellman with reference to excision of the chancre for the prevention of subsequent lesions (Annales de Derm. et de Syph):

1. When excision has been apparently successful it does not necessarily follow that the operation had an abortive effect, since in many cases a chancre, i. e., an apparently specific sore, is not followed by secondary symptoms. 2. Excision is not dangerous, especially if antiseptics be used; the wound heals readily. 3. It may be difficult or unadvisable when it would mutilate some organ. 4. It may have no effect on the subsequent course of the syphilis. 5. It is held by some that excision makes syphilis less severe, the chancre being by these regarded as a syphilitic headquarters.

Of course, to be of any use, excision should be made before implication of the glands.

Brigadier-General Joseph K. Barnes, late surgeon-general of the United States army, died at Washington on the 5th inst. of Bright's disease. He entered the service in 1840 as assistant surgeon; was promoted to surgeon with the rank of major in 1856; was made medical inspector with the rank of lieutenant-colonel in the early part of 1863; medical inspector general with the rank of colonel in August of the same year, and surgeon general with the rank of brigadier-general in 1864. He was retired from active service last year. He served with distinction in the Florida war, Mexican war and war of the rebellion, and was breveted brigadier-general and major-general for distinguished services rendered in the latter. He inaugurated the medical history of the war and founded the medical museum. He attended President Lincoln at the time of his assassination, and also Secretary Seward, and was one of the surgeons in attendance upon President Garfield. It was at that time that his own health gave way and he became an invalid. He was buried with military honors.

Prof. W. H. Van Buren, of New York, has recently died, at the age of sixty-four. Descended from a medical ancestry, he was a student's ideal of dignity, of oratorical grace and surgical and operative skill. A son-in-law of the celebrated Valentine Mott, he was for several years his clinical assistant. His "Contributions to Practical Surgery" appeared in 1865, but he is better known by his work on "Diseases of the Rectum," and that on "Genito-Urinary Diseases and Syphilis," written in conjunction with Dr. Keyes. In the spring of 1882 he had an apoplectic attack, and his death was owing to degenerative changes about the site of the original lesion. By his death New York loses one of her most brilliant surgeons and renowned writers.

A Paper has recently been published by Dr. Spina, assistant to Prof. Stricker, in which he sharply attacks some of the claims made by Koch concerning that "bone of contention," the tubercle bacillus. His method is denial of these claims rather than solid argument against them, and its only effect will be to clinch tighter than before the links of evidence which hold the theory in its present place. He denies that the bacilli occur constantly in tuberculous organs of man; that they stand in casual relation to tuberculosis; that solutions of aniline dyes must react alkaline in order to stain them, and that the insulation experiments of Koch have proved his point. About his only affirmation is that the bacilli are the result and not the cause of tuberculosis. But it is not enough for even Stricker's assistant to simply contradict the results of a man like Koch; it is too much like a first year's student criticising his professor's accuracy.

A Successful Operation was recently performed by Dr. Mears, of Philadelphia (Boston Med. and Surg. Jour.), in a case of vicious cicatrix which caused ectropion and immobility of the jaw, owing to a fibro-cartilaginous band, partly ossified, extending from the upper jaw to the horizontal ramus of the lower lid. The teeth had been prevented from properly developing. The whole was the result of a gunshot wound at the age of two years. After relieving the ectropion by a plastic operation, he extended his incision from the center of the cheek outward and backward so as to expose the temporo-maxillary joint. Cutting through the ascending ramus of the jaw, he disarticulated and removed the upper fragment, the separation being just below the coronoid process. The cicatricial band was also cut through, and a number of defective and imperfect teeth removed. The girl, now twenty years of age, will have fair use of the false joint thus formed, while artificial teeth will supply the place of the lacking ones.

A Paper has been communicated to the French Anthropological Society by Delaunay (Boston Med. Jour.), in which he tries to establish that right-handedness is not an acquired habit, but a natural attribute characteristic of superior races. Savage and inferior races

show a much larger proportion of left-handed individuals, and there are more left-handed women than men; while epileptics and idiots show a very large proportion of left-handed individuals. His conclusion is, that in the evolution of the species there has been a steady tendency to the development of the right side of the body at the expense of the other, and that left-handedness is only an example of "survival."

The Notes of a Case of extra-uterine fœtation under the care of Mr. H. P. Seymonds are given in the London Lancet. The patient was admitted to the Radcliff Infirmary with symptoms of stone in the bladder and with severe cystitis. She began to menstruate at thirteen, married at sixteen. She has three living children, and has miscarried several times. Twelve years ago, when four months pregnant, she had a fall, which was followed by an abortion and inflammation of the womb. She said that a fully formed fœtus came away, and something which the nurse told her looked "like a piece of flesh with a bone stuck in it." There was severe pain and profuse hemorrhage, and she was ill for three months, since which she has menstruated through the bladder, the periods being regular and the flow normal in amount. For two years subsequent to the illness there was a discharge of matter from the bladder, and occasionally during the nine months immediately following it fœtal bones were passed. The purulent discharge gradually ceased, and for two years her only trouble was that menstruation was carried on through the bladder, which often caused pain from clots blocking up the urethra and producing retention. After this she at one time passed two small, rough calculi, and again in a few months a bone about an inch long, which crumbled on handling it. Lithotrity was performed; a few drachms of phosphatic material without any nucleus, were removed. Two days later she passed from the urethra what proved to be a fœtal scapula of about four months. The urethra was then dilated and the bladder explored with the finger. A cavity, containing some fragments, was felt at the base, but outside of the walls, and from this more fœtal bones were removed at different sittings until all were gotten rid of. Some local inflammation followed, but she was soon afterwards discharged feeling quite well. More than two years have elapsed since, and menstruation is still carried on through the bladder.

As Proving to What Depths a shyster lawyer will descend, we note the recent malpractice suit against Dr. McClean, of Springfield, Mass., which was taken by the lawyer on the "shares" principal. In the case of a badly nourished girl of seven years, the patient having fallen and sustained a fracture by which the lower end of the humerus was broken into three distinct pieces, he secured the unusually happy result of a movable joint and perfect motion, save that the arm when extended was in a perfectly straight line, instead of showing a slight outward curve. At the end of five years the suit was brought. The plaintiff could secure no medical testimony at all, and the judge, not even waiting for the defendant's experts to testify, stopped the proceedings and directed the jury to find at once for the defendant, which they did without leaving their seats.

Incrustation of the Urethra after lithotomy is a condition of very rare occurrence. Dr. S. S. Kahn reports a case in the New York Medical Record which occurred in a child, four and a half years of age, twenty days after a median lithotomy. There was complete retention of urine and great suffering, necessitating the administration of chloroform before an examination could be made. The penis was in a state of erection, and much swollen, and small hard nodules could be felt along the course of the urethra. An attempt to catheterize the patient failed, but a small fistula left from the former operation was enlarged by means of a probe, which finally passed into the bladder, and on being withdrawn was followed by a free discharge of urine. A hard-rubber catheter was then tied in. The next day chloroform was again

administered and the catheter, which had slipped out during the night, was reinserted, and through it about two ounces of a one per cent solution of boro-citrate of magnesia were injected into the bladder; the catheter was then withdrawn. Some of the solution was also injected into the meatus, but it did not penetrate far. A teaspoonful was also given internally every hour. About eight hours after, the patient, while attempting to pass water, after great effort, and severe pain, passed a quantity of the calculous material through the urethra. It was about the size of a five-cent piece and about double as thick, and of the consistency of putty. The flow of urine became comparatively easy, though attended with some pain, and a silver catheter could be passed without difficulty. There were still some gritty points deep in the urethra, but after passing another piece of the material about the size and shape of a bean the urethra became entirely clear, and the urine passed without pain. There was no further trouble after this.

The Particulars of a case of penetrating wound of the bladder were related by Mr. Stokes at a meeting of the Academy of Medicine in Ireland (British Medical Journal). The patient, a youth aged sixteen, employed in an iron foundry, and a companion were playing at jumping over a pair of long forger's tongs. Failing in his last attempt to clear the instrument, one of the handles passed through the anus some distance into the rectum. It was promptly removed and the patient taken to the hospital, greatly collapsed and suffering extremely. There was slight bleeding from the rectum, and blood was found in the urine when drawn by the catheter. He steadily grew worse, the abdomen becoming tympanitic and swollen, the pain intense, and irritability of the bladder severe. He died seventy-four hours after the accident. The post-mortem showed that the handle of the tongs had passed through the anterior wall of the rectum, entered the bladder through the trigone, and had passed into the peritoneal cavity at the fundus of the organ. There were well marked signs of peritonitis, with a large amount of purulent fluid in the cavity.

The Treatment of Post-Partum Hemorrhage was the subject of a paper read by Dr. Percy Boulton, before the Harveian Society of London (Lancet), in which the value of cold, heat, injections of iron, and transfusion was considered. He urged the more frequent use of transfusion, as he believed fifty per cent of those who now die from puerperal hemorrhage would be saved if it was performed. He prefers direct transfusion, from vein to vein, but in the absence of a human blood-giver he thought a solution of salt, of the strength of a drachm to a pint, should be used, the amount injected to be determined by the result. His objections to mediate transfusion are: 1. Loss of time during the bloodletting. 2. Cooling of the blood during whipping, necessitating artificial heating and further loss of time. 3. Chances of embolism from imperfect defibrination. 4. Necessity of a more or less complicated pumping apparatus, liable to get out of order. 5. Contamination of the blood with bacteria, either during defibrination or from the instrument rarely used getting fouled inside.

In the Treatment of puerperal fever Dr. Biedert Hagenan uses (Deut. Med. Zeitung) first a two per cent solution of carbolic acid, with which the uterus and vagina are thoroughly washed out, and then washing it out a second time with a one per cent solution of acetate of aluminum through a catheter which must be passed to the fundus of the organ. This is to be done twice a day and the washing kept up until the liquid returns clear. From this plan he has obtained very excellent results.

Dr. Morton Recently Reported to the Philadelphia Academy of Surgery the case of an old lady who suffered intense neuralgia during the course of a senile gangrene of the foot, involving the heel and sole. In her case morphia interfered with digestion, and its benefits were of brief duration. He divided the sciatic nerve near the hip with happy

success, being led thereto by previous success with the same measure for elephantiasis arabum, and preferring to make one division of the main trunk rather than several incisions lower down. The course of the gangrene was not injuriously affected. His first experience in case of elephantiasis was generally reported at the time it happened, a few years ago.

At a Recent Meeting of the Philadelphia Pathological Society, Dr. Nancrede exhibited a tumor composed of miliary tubercles of the subcutaneous adipose tissue, and connected with an anterior cutaneous branch of a lumbar nerve. The patient was a girl of eighteen, with tuberculosis of the lungs, who had suffered from severe abdominal pains. Latterly the thigh was flexed upon the abdomen. Finally a small, exquisitely sensitive tumor was detected on the outer side of the rectus abdominis. This was removed, under ether, and proved to have been encapsulated in only one spot, but densely infiltrated, and to have developed around a cutaneous nerve and artery. Microscopically it proved to be miliary tubercle. All discomfort had ceased since its removal. Dr. G. Davis had seen a very similar case in the Göttingen clinic, a tubercular nodule on the capsule of the knee-joint. It was removed along with part of the capsule, and the patient recovered with a movable joint

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A Remarkable Case is reported in the Deutsche Ztschft. f. Chirurgie. In 1881 Prof. Freund extirpated the uterus of a patient suffering from fibroids, she making a good recovery. A year later she came under Prof. Luecke's care with a cancer of the pylorus, which he determined to remove. After preparing her for the operation he attacked the growth, but resection was found impracticable on account of adhesions to all the neighboring organs. He therefore laid open the pylorus, and uniting the edges of the opening with the edges of the abdominal incision, made this a gastro-enterostomy. The woman recovered from this second formidable operation and was discharged in thirty-seven days, able to digest easily all light, nutritious food.

Children are Prohibited from Working in the following kinds of factories, in France, by special decree, 1882 (Jour. de Med. de Paris): In the manufacture of salicylic acid from carbolic acid *(l'acide phenique)*, on account of the corrosive vapors; the manufacture of celluloids and similar products, on account of the hurtful vapors and the danger of explosions, and of being burned; in shops for the manufacture of articles from celluloid and from similar substances, on account of the danger of explosions and of being burned; the manufacture of the chloride of sulphur, on account of the noxious vapors.

A Brooklyn Man has brought suit (Sanitarian) to recover $10,000 damages from the city for the loss of two sons, aged six and eleven, whose death he claims to have been caused by drinking the impure water of a well near his house. He claims that the city authorities knew the well to be "poisonous, unclean and dangerous to human life and health;" that they neglected to clean or repair it, or give public notice of its condition. The health officers have examined and closed some thirty of the city wells whose water they considered injurious.

Advertisement from an English Contemporary.—"A medical student whose means are exhausted would like to meet some one who would advance him the necessary sum to complete his studies at a moderate rate of interest. If necessary, he would, as a guarantee, at once marry his creditor's daughter, or, if he prefers it, would give an undertaking to do so on passing his final examination."—Boston Med. Jour.

A Decision was recently delivered by the Supreme Court of Michigan, which is of interest to the medical profession, especially to those who are called upon to give expert testimony. The Court holds: It is not a valid objection to the testimony of a medical expert that he has but little knowledge on the subject upon which he is examined, except that derived from books, as he is entitled to speak from the accepted facts of medical

science. Also, that it is not proper on cross-examination to ask a medical expert if he is acquainted with a certain book, and calling his attention to a certain paragraph, ask a question in the language of the book, and thus indirectly introduce such passage in evidence.

THE LAW regulating the practice of medicine in the State of Missouri has been approved by the Governor, and we give a synopsis of it for the benefit of our readers. There are thirteen sections, the first of which requires every one practicing medicine, if a graduate, to present his diploma to the State Board of Health for verification as to its genuineness, and if found to be genuine and the party presenting it be the one named in it, a certificate will be issued by the Board to that effect, signed by at least four of the members of the Board. If not a graduate, the party must present himself before the Board for examination, which must be satisfactory, whereupon a certificate will be issued conferring all the rights and privileges mentioned. The second section requires the Board to issue certificates to all furnishing satisfactory proof of having received a diploma or license from legally chartered medical institutions in good standing, of whatever school or system of medicine; and requires two forms of certificates, one for those holding diplomas or licenses and one for those examined by the Board. The third section gives to the Secretary of the Board a fee of one dollar when the diploma has been examined and found genuine, and the certificate issued; but if found to be fraudulent or not lawfully owned by the possessor, the Board has the right to charge and collect twenty dollars; verification of the diploma consists of an affidavit of the holder and applicant that he is the lawful possessor of the same, and the party named therein. Such affidavit can be made before any one authorized to administer oaths, and must be attested under his hand and seal. Graduates are allowed to present their diplomas and affidavits by letter or proxy. The fourth section provides that the examination of applicants shall be made by the Board directly. The fifth section requires the holder of a certificate to have it recorded in the office of the clerk of the county wherein he resides, and the record to be indorsed on the certificate. If he removes to another county to practice, an indorsement to that effect must be made on the certificate by the county clerk, and it must then be recorded in the office of the clerk of the county to which he removes, the usual fees to be paid. The sixth section requires the county clerk to keep a complete list of the certificates recorded, with the date of issue, and if based upon a diploma or license, then the name of the medical institution conferring it and the date when conferred. The seventh section relates to examination of applicants, which may be in whole or in part in writing, and whilst elementary and practical are to be strict enough to test the applicant's qualifications to practice medicine. The eighth section gives the Board the right to refuse a certificate for unprofessional or dishonorable conduct, or to revoke one for the same cause, first giving the accused an opportunity to be heard in his defense. The ninth section defines as physicians those who profess publicly to be such, and to treat the sick or append M. D. to their names. Medical students are allowed to prescribe under the supervision of a preceptor, or render gratuitous services in emergencies. The tenth section requires every itinerant vendor of any drug, nostrum, etc., for the treatment of disease or injury, or who publicly professes to treat or cure diseases, injuries or deformities by any drug, nostrum, manipulation or other expedient, to pay a license of one hundred dollars a month, and for violation of this section a fine not to exceed five hundred dollars or imprisonment not to exceed six months, or both fine and imprisonment is the penalty. The eleventh section provides, as the punishment for those who fail to comply with the act, a fine of not less than fifty nor more than five hundred dollars, or imprisonment not less than thirty days nor more than a year, or both fine and imprisonment. The attempt to file the diploma or certificate of another, or a forged affidavit

or identification is made a felony and punished as forgery in the second degree. The provisions of the act do not apply to those who have been practising five years in the State. The twelfth section makes the act applicable to St. Louis, and the thirteenth section repeals all inconsistent acts.

"Climacteric" Dyspepsia, or that form of the disease occurring at the menopause, was the subject of a paper read by Mr. Prangley at a meeting of the Norwich Medico-Chirurgical Society (London Lancet). He says the symptoms are those of great nervous depression, with pain in the top of the head, noises in the ears, hot flushes and chills with curious sensations in the abdomen. The dyspepsia manifests itself by præcordial distress and palpitation, constipation, coated tongue and foul breath. The treatment consists of the use of bismuth, bicarbonate of potash, and ammonia with valerian, if the nervous symptoms predominate, followed by quinine, strychnia and dilute nitro-hydrochloric acid.

The Following Case of tetanus complicating typhoid fever is related by Dr. Simoneau (Med. and Surg. Reporter). A man, aged sixty-six, was attacked with typhoid fever of rather severe form, and a little irregular in its symptoms. The fever had begun to abate, and the patient was supposed to be entering upon convalescence, when he was suddenly seized with vomiting and pain in the epigastrium. On palpation, a rigidity of the muscles of the right side of the abdomen was noticed. A few days later the muscles of mastication became affected, and the patient developed all the symptoms of tetanus, and died in thirty-six hours. The hygienic surroundings of the patient were of the best, and no cause for the tetanus could be discovvered. Dr. Simoneau could find no similar case reported of tetanus complicating typhoid fever.

Differences in Temperature, after the use of various antiseptic washes, in a case of emphysema are given by Dr. Richard A. Hayes in the London Lancet. During the treatment the following washes were used: 1 per cent all of eucalyptus, 2 grains; 1 ounce, or less than ½ per cent carbolic acid; 2 per cent boracic acid; and 1 per cent salicylic acid. A careful record of the morning and evening temperatures showed the following results from the use of the different antiseptics: Oil of eucalyptus (1 per cent), morning temperature 98.8° F; evening temperature 100.4°. Salicylic acid (1 per cent), morning temperature 98.3°; evening temperature 99.5°. Boracic acid (2 per cent), morning temperature 98.2°; evening temperature 99.4°. Carbolic acid (½ per cent), morning temperature 97.8°; evening temperature 98.7.° These temperatures are averages, the periods of observation being carefully selected so as to be free from complicating influences which might affect the fever curve. The results show a marked advantage as regards the hectic obtained by the use of an exceedingly dilute solution of carbolic acid.

The Cold Douche was employed by Dr. Broadbent (British Medical Journal) in a case of sleeplessness and pyrexia after childbirth with great relief to the patient. There had been no sleep obtained for several days, and besides this there were pyrexia and severe abdominal pains. The temperature was 14°F. She was restless and tossing about in bed, with a flushed face, bright eyes, and a wild and anxious expression of countenance, the skin being covered with perspiration. The pulse was 120 and the milk was suppressed. There were no symptoms of peritonitis or septicæmia, nor did the tenderness over the left iliac fossa indicate cellulitis or ovaritis. The cold douche was therefore used as follows: The patient was first sponged all over with tepid vinegar and water, and then a large bath sponge as full of ice-cold water as possible was dashed against the head, chest, and back two or three times, the skin being dried by a course towel between the applications. A calm sleep speedily followed, the pain in the iliac fossa disappeared and the temperature fell, and a satisfactory convalescence took place.

Flatulence and fluttering or palpitation at the pit of the stomach, which are often so distressing to women at the menopause, are relieved, Dr. A. A. Smith asserts (N. Y. Med. Jour.), by doses of one-fiftieth of a grain of the extract of calabar bean repeated every half hour for six or eight doses.

In a Clinical Lecture Dr. James Tyson, speaking of rectal alimentation, says (Medical News), that he has had very satisfactory results from the following plan: Take from one and a half to two pounds of beef from which all the fat has been removed, and from one-half to one pound of fresh pancreas; the latter is to be chopped finely, and afterwards bruised in a mortar with tepid water at a temperature of 100°. It is then strained through a cloth and intimately mixed with the meat, which has been previously chopped into small pieces. The whole is then allowed to stand for two hours at a temperature of 100° and is then ready for use. This will be sufficient for two daily injections. A fresh supply must be made every day, as it decomposes very quickly. He mentions a case treated with injections of food prepared in this way in which the patient had an evacuation from the bowels each morning as natural as though he had been living on a mixed diet.

Thrombosis of the right side of the heart, from intense mental excitement, is reported in the London Lancet, by Dr. Keith N. Macdonald. The patient, in consequence of her husband having come home under the influence of liquor, flew into a violent passion and left the house in great excitement, and was on the way to the home of a friend who lived at some distance when the fatal illness attacked her. An autopsy made eleven hours after death showed the dura mater adherent along the temporal and parietal regions, and the longitudinal sinus filled with dark fluid blood. The vessels of the pia mater were dark and prominent. On cutting into the hemispheres the convolutions of the gray matter were found to be congested, and there were numerous bloody points in the white substance. There was a more or less hyperæmic condition of other portions of the brain, and a serous effusion of about two drachms was found in the right ventricle. The pericardium was empty, but the right ventricle was filled with dark coagulated blood, the clot extending into the pulmonary artery, right auricle and inferior vena cava, and adherent to the trabeculæ of the right ventricle. The left ventricle and auricle were nearly empty. The lungs were intensely congested, somewhat œdematous and contained mucus tinged with blood.

NEWS ITEMS.

A Ridiculous Suit has been begun against two of Chicago's most esteemed oculists by a tramp, who accuses them of serious damage done to one of his optics by use of nitrate of silver, which was directed to some lid trouble from which he was suffering. But one or two very mild applications were made, the tramp entirely neglected all precautions, and the treatment was purely gratuitous. The man subsequently fell into the hands of a jealous rival, who, as there is considerable reason to suppose, instigated the suit as a means of gratifying personal malice. It is not likely that anything will result from the suit, except, possibly, a ventilation of the whole matter, which will be as creditable to one party as discreditable to the other.

The Next Meeting of the Rolla (Mo.) District Medical Association will be at St. James, on May 8th and 9th. A number of papers are promised on pneumonia and typhoid fever. The discussions will be mainly upon these subjects and will be interesting. The officers are using every means to have the meeting well attended and will succeed. There are good men in this society and good work will be done. Dr. Headler, of St. James, is President; Dr. Johnston, of Rolla, Cor. Sec.; and Dr. M. Godbey, Rec. Sec.

The Twelfth Congress of German surgeons will be held from the 4th to the 7th of April at Berlin. The president is the renowned Langenbeck, lately retired from his professorship of Surgery in the Berlin University.

CONTRIBUTIONS.

*NOTE ON A CASE OF CYSTICERCUS IN MAN**

BY M. RATHERY.

In 1880 the author observed a case of cysticercus in man at the Hospital Tenon. It is at the same hospital that a similar case was observed. Although the remarkable coincidence of the disease and the expulsion of the tænia, in the same individual, was not noted, the history of the patient appears none the less interesting. The following is a history taken from the notes of the interne:

Alexander A. ——, aged 54, admitted Feb. 13, 1882. This man is of good general health, but had scurvy in the Crimean War. No traces of alcoholism, no anterior attacks of muscular or articular rheumatism. The radial and femoral arteries do not appear to be atheromatous. He has been subject for several years to palpitations, which have augmented in strength and frequency latterly.

On the day of his admission, we find in the patient all the signs of a cardiac affection, which has arrived at the asystolic stage; palpitation, dyspnœa, œdema of the lower extremities and ascites. The heart is markedly hypertrophied and its apex low down. Auscultation reveals a diastolic souffle at the base, prolonged to the right in the direction of the aorta. Besides this there is a slight systolic souffle at the apex. There are signs of bronchitis, with somewhat intense bilateral pulmonary congestion. The pulse does not present clearly the characteristics of Corrigan's pulse. There is no double crural souffle; the liver appears small and there is no albuminuria. The diagnosis is aortic insufficiency, with probably a small degree of mitral insufficiency. In regard to the after history of this cardiac affection, it is only necessary to state that two days after admission paracentesis abdominis was peformed, three litres of a lemon-colored serum being withdrawn. There was marked relief, but on the 25th (there were several cases of erysipelas in the ward) an erysipelatous blush spread around the wound and March 2d, a facial erysipelas appeared, which lasted until the 20th. Despite these complications, under the influence of rest and ordinary treatment the signs of asystole disappeared and convalescence established itself; the stethoscopic symptoms remained the same, but excepting a few attacks of choking and palpitation, the patient felt well and asked to be sent to Vincennes towards the end of April.

The really interesting part of this observation is the following:

In examining the precordial region, I was struck by finding on a level with the left pectoralis major a small tumor, scarcely larger than a cherry-pit, hard, very movable, and rolling under the skin, bringing to my mind the cysts I had observed two years before in a man affected by cysticercus. I carefully looked for the evidence of similar tumors in other parts of the body and soon discovered several more. The patient then related that since about two years he has observed the presence of small swellings in different parts of the body, which however, are perfectly indolent and never caused him any alarm. He even contends that they were more numerous than at the present time, and that several have disappeared without leaving any trace. In point of fact, these tumors number fifteen to seventeen thus distributed: 1 at the left temple; 1 on the left arm; 2 on the internal surface of the right arm; 2 or 3 under the pectoralis major of each side; 1 in the right sub-spinous fossa; 2 symmetrically situated under each nipple; 2 situated right and left in the lumbar region. There are none either under the tongue or on the lower extremities.

Most of these small tumors appear to be very superficial—subcutaneous; several, however, appear to be more deeply situated in the interstices of the muscular fibres. Their volume is variable; most are small, not larger than a cherry-stone; a few are larger. They are hard, with a certain degree of elasticity, giving the sensation of being cysts. There is no functional trouble present that might be associated with the presence of these tumors; they do not even provoke local pain or inconvenience.

I had no doubt whatever concerning the nature of these singular, small tumors, and regarded them as due to the presence of the cysticercus cellulosæ in their interior, and the diagnosis was accordingly made. To confirm the diagnosis one of the cysts was to be excised and its contents examined. Notwithstanding the innocence of this little operation, it was deferred for several days on account of the asystolic state and of the intercurrent erysipelatous affection. Towards the end of March however, the patient consenting, one of the cysts was removed and its contents examined by an interne, M. Doyen.

For this purpose, a button-hole incision of the skin was made on the anterior face of the right arm, and the cyst was found in the subcutaneous connective tissue. It was easily enucleated, was of a milky white color, about the size of a cherry-stone; upon examining it by transmitted light, it is easy to see that it is formed of a very thin sac, containing a liquid, in which a small opaque body, the size of a pin-head, is floating.

Upon opening the cyst one or two drops of a

*L' Union Médicale, March 10, 1883.

colorless fluid of albuminous nature escaped. As to the small solid body, when carried in the field of the microscope, it presented a rounded form, and it is only after a certain amount of preparation that the cysticercus cellulosæ could be seen. The animal was in fact invaginated, and it was only after destroying that invagination that it could be spread upon the slide; then its rounded body, surrounded by a narrow neck holding a head supplied with suckers and characteristic hooklets, could be clearly seen. We see here a true cysticercus cellulosæ, that is to say, the scolex of the tænia solium, and our patient is the victim of the disease known in helminthology as cysticercus disease.

As far as etiology is concerned, this man has been living in Paris since 1862, eats at home and does not habitually eat sausages, etc., but he has occasionally eaten pork of American origin. We may add that, upon being interrogated at different times, he has always denied passing a tape-worm, or anything resembling its fragments in his stools.

A few days after his departure for Vincennes, A. returned in my service, still presenting symptoms of asystole, œdema of the legs, pulmonary congestion, and ascites to a slight degree. In auscultating the heart no notable differences were observed. The systolic souffle at the apex was a little stronger than at the beginning. Again, under the influence of quiet and proper diet, the asystolic phenomena improved, although somewhat more slowy than when he first applied, and when he left the hospital, July 1st, he was in a relatively good state. No appreciable change had taken place in the number and volume of the cysts.

Observations.—The following points in the case appear to be worthy of some attention:

1. In the first place it is the small number of cysts. In this patient, notwithstanding the most minute examination, we were unable to discover more than 15 or 17 at most, some situated very superficially, almost directly under the skin, others somewhat more deeply, appearing to be situated in the interstices of the muscular fibres. This is an observation which has been made by almost all writers, and particularly by M. Boyron in his excellent thesis (Paris, 1876), in which he studied comparatively the cysticercus in man and in the hog. In M. Troiser's case the number of tumors was about 20. In my former case there were at most 30. At the same meeting M. Duguet reported one in which they were more numerous (about 80). The cases in man in which the largest number of cysts were found are that of Broca (375), that of M. Lancereaux (more than 1,000), and that of M. M. Debove and Bonhomme (about 2,000). It is none the less true that the small number of cysts in man is deserving of observation, especially when compared with the almost innumerable quantity found in measly hogs.

2. In regard to the topography, it has been noted in almost all the cases that the tumors predominate in the supra-diaphragmatic part of the body. This is what I had observed in the case I reported in 1880. In the present case all the tumors are also situated in the superior part of the body (left temple, chest, arms, lumbar (regions); none occupied the lower limbs. We may also note the absence of any vesicle under the tongue in both of my cases. We know that in the hog the presence of the sublingual vesicle is the rule, and it is the exception in man.

3. I wish to lay stress upon the indolence and the absence of all functional changes which might be attributed to the presence of these tumors. This absence of any effect upon the general health is the rule in man. This fact deserves attention being called to it, when we remember that, according to M. Davaine, "measles" is always mortal in hogs, these animals living but two years as a maximum. In man, on the contrary, prognosis is always good. It is an unusual thing to find cases in which certain pains are associated either with the number or certain special sites of the tumors. In regard to the variety, it was by chance that I discovered cysts. The patient entered the hospital for a complex heart affection, consisting chiefly of an aortic insufficiency. On examining and percussing the precordial region, I was struck by the presence of a small, hard, mobile tumor apparently under the skin. The sensation I experienced recalled that I had when examining my first patient in 1880. When closely questioned, our man pointed out five or six other tumors of like nature at other points, but as they were unaccompanied by any pain or even inconvenience, he had never noticed them much. It was by careful examination that we were enabled to find a number of other cysts, whose existence was entirely ignored by the patient. The small size of the tumors, their absolute indolence, and their small number explain how, in such a case, their existence could be ignored. Considering these points, I am led to believe that the disease is by no means so rare in man as might be inferred from the small number of cases which have been published. As to the prognosis, not only does the existence of these tumors under the skin or in the interstices of the muscular fibres appear compatible with a perfect state of health, but there seems to be often, independently of therapeutic measures, a spontaneous tendency to their absorption. Upon his admission to the hospital, the patient asserted that he had observed several cysts which had disappeared. Since his admission in February up to July, when I left the hospital, the tumors had remained stationary, and no new one had shown itself. It will

be remembered that in my first patient the microscopic examination showed us one of these cysts undergoing fatty metamorphosis. The case reported by M. Duguet at that time is very instructive on that point. In his patient he observed the gradual disappearance of nearly all of the tumors: whilst in August they numbered about 80, hardly 7 or 8 could be found the following February, and several of these had diminished considerably in volume. Without rejecting all therapeutic intervention (crushing, excision, electro-puncture, etc.), it seems to us that in those cases where the tumors are small in number and entirely indolent, we are warranted, by the facts given above, to refrain from all treatment and to leave them to themselves.

4. There is one remaining point, which I will only approach with the greatest reserve. The man who is the subject of our note was affected by a complex heart trouble. Now, notwithstanding a searching examination, we could find no period in his history which could be regarded as the starting point of his cardiac affection. Could it not be supposed that this had some relation to the existence of cysts developed in the muscular subtance of the heart?

We find in the work of M. Davaine six cases of cysticercus developed in the walls of the heart, but these are all post-mortem observations. In a single instance recorded by Dr. Ferrall, of Dublin, there was observed, three months before death, anasarca, ascites, œdema of the lungs, palpitation of the heart and albuminuria. In what degree were the cardiac troubles in our patient independent of the presence of cysts in the walls of the heart? Theoretically we can understand how cysts, containing cysticerci and developed within the walls of the ventricles, could bring on mitral lesions, either by mechanically impeding the action of the papillary muscles or of the cordæ tendineæ, or by producing an endocarditis in that neighborhood. The explanation appears more difficult in regard to the aortic orifice. On this account I am inclined to regard it as a mere coincidence. This is a point, however, upon which nothing definite can be pronounced except by a post-mortem examination. The patient being still in the hospital, we may yet hear of further developments in the progress of the case.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Annual meeting, April 2nd 1883—Dr. Hollister, President, in the chair.

Dr. F. E. Waxham read a short paper on the proper treatment of contagious disease, and the necessity for the foundation of a hospital in Chicago intended entirely for children. The paper dealt largely in statistics concerning Eastern cities.

The Secretary's report was read, which showed that the Society's membership was increasing, the present number being two hundred and ten, and that interest in the work done was gaining, as manifested by the increased average of attendance and the inherent interest of papers read, many of which were of a high order of merit. He ventured to make certain recommendations, which were referred to a suitable committee.

The Treasurer's report showed a handsome balance in the treasury.

Suitable honorariums were tendered to the Secretary and to the Proprietors of the Grand Pacific Hotel, where the meetings are held.

Upon reaching the order for nomination and election of officers the following were declared elected for the ensuing year: President, Dr. D. W. Graham; 1st Vice Pres., Dr. R. G. Bogue; 2nd Vice Pres., Dr. Roswell Park; Secretary, Dr. L. H. Montgomery; Treasurer, Dr. E. F. Ingals. Drs. Paoli, Brower and Fenn were made the Committee on Membership.

The retiring President congratulated the society upon a year passed without the slightest jar or dispute, thanked them for their forbearance for his own shortcomings, introduced Dr. Graham and resigned the chair to him.

ST. LOUIS MEDICAL SOCIETY.

Saturday, March 31st, 1883.

The Vice-President, Dr. Dudley, in the chair.

Dr. Lutz presented a specimen illustrating rupture of the ileum by external direct violence without a lesion of the abdominal parietes. He remarked that the most fatal lesions of the abdominal viscera may occur without appreciable lesions of the walls of the abdomen. In 1878 he reported a case of rupture of the jejunum caused by a lump of coal falling upon the abdomen, there being no external wound produced. In the present case the patient was caught under a number of boards. There was no fracture of the pelvis; there was incessant vomiting, thirst, pain in the abdomen, and the extremities were cold. He died six hours after. Upon post-mortem examination a few abrasions of the skin were found in the lumbar region. The intestines in the ileo-cæcal region were adherent; there being a rent four inches long in the ileum, just above its junction with the cæcum, the whole circumference being involved. The treatment, if seen at the outset, should consist in freely opening the abdominal cavity and uniting the bowel.

Dr. Atwood saw a case somewhat similar, in which a spent cannon ball struck the leg, only abraded the cuticle, and broke both bones.

Dr. Stevens saw a case of rupture of the blad-

der, caused by falling over a dash-board, in which there was no external injury.

DR. LOVE reported a case of persistent hemorrhage from the cavity caused by drawing a molar tooth. The oozing of blood continued for days and became alarming. A number of methods were resorted to in vain. In consultation, he suggested a thorough cauterization with chromic acid, and this being done, no more hemorrhage ensued. He remarked that the eschar produced by chromic acid becomes more firmly attached than that produced by other means. In his case there was evidently a hemorrhagic diathesis depending upon a depraved condition of the system. The patient was given appropriate general treatment, and has had two teeth removed since without any bad results.

DR. POLLAK was called to see a child one year old which had convulsions due to teething. He scarified the gums slightly, and the bleeding could not be arrested in six weeks; the child died. In a second case there was bleeding from the umbilicus in a new-born child, drop by drop, until it died. In a third case a plastic operation was attempted to restore an upper eyelid. This produced such intense bleeding that the flap was torn off and the former condition had to be restored to stop the hemorrhage.

During the war a major had such an alarming epistaxis, that yielded to no treatment, that he was advised to go to New Mexico on horseback. He bled somewhat on the road, but it ceased when he reached a high altitude.

DR. MEISENBACH caused an alarming epistaxis in a lady over 70 years old to cease by giving ergot and applying pressure at the maxillary articulation.

DR. HURT had a case of uterine hemorrhage lasting three weeks. Ergot and digitalis with hot vinegar injections had a temporary good effect. He next injected a few drops of a weak solution of chromic acid into the uterus, and the patient soon complained of an intense pain. Shock was great, but she rallied. The next day there was bleeding again, and Dr. H. swabbed the cavity with persulphate of iron, collapse following as before. The bleeding, however, did not recur.

DR. MOORE stated that cases of nasal or uterine hemorrhage could be stopped in a few minutes by the hypodermic injection of ergotin. In two cases of hyperhydrosis, after the unsuccessful use of quinine, sulphuric acid, gallic acid, atropine, etc., a dessertspoonful of fluid extract of ergot at bedtime stopped the sweating after the second dose had been taken.

DR. OHMANN-DUMESNIL stated that he had given ergotine in the night-sweats of phthisis with marked benefit two years since.

DR. MEISENBACH used the fluid extract for the same purpose in 1876. He wished to inquire if Dr. Hurt's case was not one of mucosa-polyposa, in which curetting and astringents would have acted better? The practice of injecting the uterus with any fluid whatever is very hazardous.

DR. WATKINS wished to call attention to a peculiarity he had recently observed in a case of burn produced by a gas explosion. The hands and face were burnt, and all projecting parts, such as the knuckles, nose, edges of ears, chin, etc., were much more severely burnt than the other less prominent portions. He could not account for this, and would like to know whether it always occurred in similar cases.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, March 22, 1883.

The President, Dr. Tyson, in the chair.

DR. J. P. CROZER GRIFFITH exhibited a case of *chondroma of the skull*. The patient, aged 29, had been admitted to the Presbyterian Hospital, Philadelphia, June 12. He was and had been suffering from persistent and very severe frontal headache, and held his head thrown back upon his shoulders to the farthest extent. Examination revealed a tumor, the size of a walnut, upon the anterior portion of the vault of the skull. This had been recognized by the patient for from 1½ to 3½ months. Just how long was uncertain, as his headaches were very much confused. He had suffered from headaches for twelve years. Ophthalmoscopic examination revealed double choked discs.

While in the house the tumor grew with great rapidity, and a new growth sprang up beside it. The larger one became soft and tender in spots. The patient became delirious, but coma and paralysis developed only three days before death, nineteen days after admission. The post-mortem examination revealed a large tumor upon the anterior portion of the vault, and consisting of a soft, red mass, but full of bone spicules, and to the right and connected with it a smaller dense, hard, white growth. Apparently distinct capsules enclosed and separated the two. The periosteum covered both tumors. The entire growth was irregularly oval, 4½ inches long by 4 to 5 broad, and with 1½ inches for its greatest thickness. Removal of the calvareum showed that the greater part of the tumor was internal. Here it was divided into three lobules, of which two resembled the larger tumor in structure, while the third was more like the smaller external growth. The dura mater covered the internal projection. At points it was attached to the brain, and bone spicules penetrated into the brain substance. The length of the entire internal growth

was 4½ inches, width 4 inches, and the greatest depression upon the brain 2 inches.

The tables of the skull within the tumor were destroyed and the bones around the edge eroded for some distance. The brain structure did not appear to be altered. Miscroscopical examination showed it to be a reticular chondroma, with a large amount of imperfectly fibrillated and rather translucent connective tissue, forming small meshes, in which were cells—some embryonic, but very many cartilage cells. The bone spicules were evidently newly formed, and the older tumor had evidently undergone an ossifying matamorphosis, and then had become vascularized, forming a soft mass, in which the spicules were imbedded. Clinically the case was of interest from the existence of so great a depression of the brain, with so few signs of disturbance of its functions.

Dr. Wetherell asked what was the condition of the lymphatic system: were the glands enlarged? Dr. Griffith replied that only the post cervical were affected.

Dr. Formad had examined the sections about a year ago; it is true, as he says, the predominant cells are those which resemble those of fibro-cartilage. There were, however, many young cells—cells like giant cells—but the majority of the sections had more the appearance of fibro-cartilage. The conclusion to which Drs. Tyson and Formad came at the time was that it was one of the varieties of chondroma. As the specimen appears now, it is too soft for chondroma, but seems rather to be a chondro-sarcoma. To this would point the rapid growth and age of the patient. It is certainly not gummatous.

Case of Metastatic Pneumonia Following Pistol Shot Wound of Temporal Bone.

Presented by Dr. H. M. Fisher.

The patient, H. G., aet. 26, from whom the specimens I present to-night were taken, was admitted to Dr. Levis' wards at the Pennsylvania Hospital, October 31, 1882, suffering from a pistol shot wound of the right ear. The following clinical notes of the case were kindly furnished to me by Dr. J. H. Wills, resident surgeon to the hospital.

Examination of the wound with the Nélaton probe showed that the ball had passed through the posterior wall of the external auditory canal and was firmly imbedded in bone, about one inch from its point of entrance.

The seat of the ball was distinctly located by the marking of the lead in the porcelain of the Nélaton probe.

A prolonged effort to extract the ball was deemed unadvisable, on account of its close proximity to the lateral sinus. On account of the inflammatory œdema of the tissues around the wound poultices were applied. Ptosis of the right lid and slight depression of the right corner of the mouth were noticed.

The patient remained in the hospital four weeks, during which time his general health appeared fairly good.

He was permitted to go out on a pass, returned the following day with well marked pleuro-pneumonia and died ten days later.

The autopsy showed that the ball had penetrated the tympanic cavity and passed into the jugular fossa, where it was found embedded. There was marked periostitis in the neighborhood of the wound, but no inflammation of the walls of the lateral sinus nor of the internal jugular vein was noticed.

I am inclined to believe that the infarcts found in the lungs and pleura owed their origin to numerous small thrombi that had been formed in the diploe of the petrous portion of the temporal bone, the venules of the diploe having become plugged as a result of the periosteal inflammation. These thrombi becoming loosened in consequence of increased blood pressure were washed out into one of the adjacent sinuses and so into the pulmonary venous circulation. The case is, I think, an interesting one, as showing the danger attendant upon such injuries to the temporal bone, apart from any incidental injury to the brain or its membranes.

Sections of the heart, liver, spleen and kidneys showed marked amyloid infiltration of these organs. Whether such marked changes could be induced in all these organs in the short period that elapsed from the receipt of the injury to the date of the patient's death is a question I would leave to other members of the Society to decide. At any rate, so far as I could ascertain, no previons history of suppuration was elicited from the patient during the time of his sojourn in the hospital.

Appended are the notes of the microscopical examination of the different organs:

Lungs. — Vessels everywhere greatly dilated and present numerous infarctions; the alveolar capillaries are also greatly distended and their endothelium is swollen. Interalveolar spaces packed with lymphoid cells and embryonic connective tissue cells. The alveoli contain accumulations of epithelioid highly pigmented cells. These cells are generally found associated with exudation corpuscles in a delicate reticulum. These catarrhal inter-alveolar accumulations show in places a tendency to become organized.

The *pleura* is greatly thickened, its vessels dilated and infarcted.

Heart.— Muscular fibres show commencing fatty degeneration, and there is marked amyloid infiltration of the walls of its smaller nutrient vessels.

Liver. — Cell-nuclei alone take carmine staining. Islands of liver-cells found in a translucent, nearly homogeneous basement tissue. Evident amyloid infiltration of the walls of the finer hepatic arteries and biliary ducts.

Kidney. — The malpighian corpuscles show stiffened capillary loops and little shrinkage from the action of the alcohol. The lumma of the arterioles are patulous.

Homogeneous translucent spaces are seen between the smooth muscular fibres of these vessels.

Spleen. — The lymphoid corpuscles of the pulp appeared to me to present an unduly homogeneous translucent appearance. The smaller vessels show distinct amyloid infiltration of their walls. The malpighian bodies also show a notable infiltration, having in some cases been converted into amosphous masses, which are semi-transparent, and show interspersed among them a few connective tissue nuclei.

Case of Erysipelas Neonatorum.

Presented by Dr. H. M. Fisher.

Was called on March 3d to see a colored infant one week old.

The child was said to have presented no sign of indisposition until the day previous to my visit, when it suddenly became much agitated, refused to nurse, and was found to have great difficulty in micturition. The tissues of the scrotum and penis were found to be swollen, and in a few hours a faint erysipelatous blush was found pervading their surface.

When first seen the child was apparently moribund. I could detect no radial pulse; its lips were blue, its extremities cold, and it was in a semi-comatose condition.

In the hasty examination I made in the small, badly lighted attic in which I found the child, I observed, but did not attach due importance to the erysipelatous blush I found extending from the scrotum to the lower part of the abdomen. From the history furnished me, and from the œdematous infiltration of the legs, thighs, and eyelids, as well as of the scrotum and penis, I was inclined to look upon the case as one of primary acute nephritis, with secondary erysipelatous involvement of the œdematous tissues.

With this view of the case I ordered that the child should at once be placed in a hot bath, and after the bath applied flannels wrung out in hot infusion of digitalis to the patient's loins and administered a small hypodermic of pilocarpine. Marked temporary improvement followed this treatment; the child emerged for a short time from its semi-comatose condition, cried lustily, and urinated and sweated freely, and marked reduction of the œdema was also noticed.

The improvement was however of short duration; the child soon relapsed to its former apathetic condition and death occurred at 11 p. m.

The autopsy made by Dr. McIlvane, resident surgeon, eighteen hours after death, revealed rigor mortis pretty well established.

Œdema of the tissues of the lower extremities, scrotum and penis was noticed. There was a livid dlsooloration of the skin of the anterior inner aspects of both thighs and slight sloughing of the skin of the lower part of the scrotum. The bladder contained about half an ounce of light yellow opaque urine. The urine obtained by tapping the bladder at the post-mortem showed, on examination, an apparent volume of albumen equal to about an eighth of the column of urine in the test tube. Microscopically, blood and pus corpuscles were found in abundance and a few highly granular tube casts.

The kidneys were somewhat congested and lobulated, but their capsule was not adherent, and they did not, at least to the naked eye, present any other evidence of disease.

The liver weighed six oz. and was highly congested.

The spleen weighed 1½ oz. and was likewise congested and its surface mottled.

The lungs were pretty evenly congested throughout, but were everywhere crepitant, and floated on water.

The heart weighed two oz. and presented on the whole a healthy appearance; but its posterior mitral cusp appeared somewhat thickened.

The post-mortem appearances leave, I think but little doubt that the disease was peripheral in ts origin, or, in other words, that the erysipelas was the starting point of it. Probably some comparatively trifling cause, such as a slight abrasion of the skin of the scrotum, sufficed under the very unfavorable sanitary conditions in which the little patient was placed to light up the train of its disease with all its complications.

The progress of the disease seems in this particular case to have been unusually rapid. If the mother's statements can be trusted, only thirty-six hours elapsed from its first onset till its fatal termination.

SELECTIONS.

PULSE-BREATH AND PULSATILE RESPIRATION.

BY JAMES FINLAYSON, M.D.

[British Medical Journal.]

A patient, recently under my care, presented this curious phenomenon—the pulsations of her heart could be heard proceeding from her mouth; and they were audible in this way, not only when she breathed, but also when she held her breath.

There was no difficulty in hearing the pulsation at some little distance from her, if she simply held her mouth open.

The girl was under treatment for several months in the Western Infirmary. When admitted, she was affected with pleurisy of the left side, with considerable exudation. From the first there was some suspicion of the coexistence of phthisical disease; the case was complicated by pregnancy, and premature labor supervened. This was followed by albuminuria and other serious sequalæ; from these, however, she recovered. The state of the lung remained unsatisfactory, and the symptoms pointed to an advance of the phthisical disease presumed to exist; but as her state had improved considerably, it was thought proper to try her for a week or two at one of the convalescent homes, before the summer had passed. While there, or possibly on her way from the station, pneumothorax seems to have occurred. She became much worse, and was readmitted to my ward as soon as possible. On examining the chest, on her readmission, percussion on the left side gave a duller sound than on the right, but it was less dull than formerly. Under the left clavicle the "cracked-pot" sound could be educed. All over the left back amphoric sounds were heard. The breath sounds had an amphoric ring, and at times little tinkles were heard. Not only so, but the heart's sounds were also transmitted with an amphoric quality, and mingled as they were with the amphoric expiratory murmur, a very curious mixture of sounds was produced. By getting the patient to hold her breath, however, the identity of the heart's sounds could easily be verified. It is worthy of note that the amphoric ring of the cardiac sounds could be heard, not only on the affected side, but also over certain portions of the lower part of the right back, with great distinctness. On practicing succussion, the splashing of fluid could be heard quite plainly in certain positions of her body. The expectoration, which had been always rather scanty during her first residence, had gradually increased, and on her readmission it was very abundant, amounting to as much as 10 to 15 ozs. in the twenty-four hours. There was no history of any sudden expectoration, as if a collection of matter had burst into a bronchus. She had noticed, however, that for a night before readmission she had frequently brought up a quantity of thin pus, when from any cause, as in dressing herself, she might have occasion to stoop. On testing the truth of this statement it was found that if she stooped, as in touching the floor with her finger, a quantity of thin pus ran out of her mouth, without effort; during the act of coughing or vomiting, in certain positions at least, the same thing happened. The expectorated matter, as preserved in her spittoon, was found to consist in part of this thin matter, but a much larger portion consisted of separate tenaceous sputa such as are commonly seen in advanced cases of phthisis, and a microscopical examination of these revealed abundant fragments of lung tissue.

The diagnosis arrived at was limited pyopneumothorax in the lower part of the left side, with a considerable intrapulmonary cavity at the left apex. This was verified by the *post mortem* examination. The left pleural cavity contained much pus, the surfaces being covered with festoons of shaggy lymph, and the pleura itself was much thickened. The lung was forced to the upper and back part of the chest; where it was firmly adherent. The tissue was much compressed; throughout the lung, yellow masses of deposit were found, and at the apex there was an irregular cavity of some size, with smooth shining walls, and, at one part, a deep pit, in such close proximity to the pleural cavity as to warrant the supposition that this was the place of rupture; a large quantity of lymph covered this portion, and no actual perforation could be found anywhere. The heart was separated from the pleural cavity only by the pericardium, and a coating of lymph on the pleural aspect, so that each pulsation of the heart must have been communicated to the air or fluid in the pleural sac. The heart itself was normal; the other lung presented pleuritic adhesions, and a few yellow masses of deposit.

The striking feature in this case was the transmission of the cardiac pulsations through the patient's mouth. They seemed to be carried out, as it were, with the breath, and there was little doubt that the expired air might have been seen pulsating if the state of the atmosphere had been such as to render the breath distinctly visable. Some rough experiments were made in this direction, but they failed in securing the object in view. The ear of the observer did not require to be very near the girl's mouth to hear the pulsations; they were quite audible at a distance of two or three feet. Probably, indeed, with perfect quietness. they could have been heard further off, but no test was applied as to this. Very careful observations were made to ascertain if the pulsations were audible when the patient suspended her respiration. Of course, in her breathless state, she could only do so for a very short period; but the pulsations were always audible, under such circumstances, with great distinctness.

This curious pulse-breath, or pulsatile respiration, proceeding in jerks from the mouth, has been carefully recorded by Dr. Thorburn of Manchester, and Dr. Radclyffe Hall of Torquay. Athough observed under other circumstances also, many of the cases where it was most marked appear to have

been those associated with large cavities in the lungs, or with pneumothorax.

As an isolated phenomenon, this curious auscultatory sign is interesting, no doubt, but its chief importance appears on considering the other facts with which it is associated, and on which it seems to depend. Something closely allied to it appears to be found in various states not deviating far from normal conditions, according to Thorburn's observations; and Friedreich alleges that, in the stillness of night, he can hear in himself three or four short wiffing murmurs during each expiration. The presence of large cavities, whether due to pneumothorax or to pulmonary excavation, may easily tend to exaggerate such sounds and render them plain; in the case here detailed, the amphoric ring of the heart's sounds was heard, not only on the affected side, but it even extended across to the other. In the healthy subject, the pulsations of the heart, as transmitted to the air in the cavity of the mouth, seem to be quite capable of being rendered visible by means of suitable applications of Marey's recording apparatus. The results of such experiments are stated shortly by M. Cuffer, in his papers on Exocardial Murmurs; and the influence of change of position, so potent in the case of such murmurs, was found to influence the tracings of the cardiac pulsations obtained in this way. These papers seem to have been written under the influence of M. Potain's teaching.

About the same time, there appeared a more detailed description of the same or similar experiments by M. Paul Regnard; his experiments were undertaken for the purpose of throwing light on the causation of certain exocardial murmurs; and his paper contains various tracings of the heart's pulsation obtained from the mouth of the observer while the respiration was suspended; the influence of the sitting and recumbent postures on the amplitude and shape of the tracing is likewise illustrated.

But if the pulsations of the heart are thus impressed on the air within the lung, giving rise to such tracings even in healthy subjects, and if these may be magnified and resonated by the presence of air-filled cavities, as in the case of our patient, or transformed into blowing exocardial sounds during certain phases of the respiratory movements, it seems quite probable that other auscultatory variations may be due to the same cause.

Dr. Thorburn, in describing his murmur, referred to it as being due, "to the expiratory murmur and the end of the inspiratory murmur itself, *saccadee* or jerked by some undue impulse." It has been supposed by some, indeed, that jerky breathing, or *respiration saccadee*, is due to this cause, and for many years this has been regarded by Potain as the common cause of this variety of respiratory murmurs. This view was brought under my notice by my colleague Dr. McVail a few years ago, who had arrived at this explanation of jerky breathing entirely from his own observations; and since then I have devoted some attention to this point. I feel quite satisfied that a certain number of the cases of jerky breathing are due to the cardiac impulse; but in nearly all the cases where I was satisfied of this origin, the peculiarity was audible in the vicinity of the heart, or at least in the left lung; and a large number of cases, especially when involving the right lung, seemed to me to have no relationship to the cardiac rhythm. A difficulty in adopting this explanation is the common limitation of the jerky quality of the breathing to the inspiratory act; while it would seem, from our preceding considerations, that expiration is quite as likely to carry a cardiac impulse. Recently, I had a patient in my wards presenting evidence of incipient phthisis, in whom the *respiration saccadee*, audible under the left clavicle, seemed clearly of cardiac origin; and in his case, the jerking character was imparted to the expiratory as well as the inspiratory murmur. I am quite satisfied that this explanation is available for a certain number of the cases of this form of respiration, when it occurs on the left side.

A CASE OF EFFUSION INTO THE SEROUS CAVITIES.

BY A. R. BARNES, M.B., ED.

[British Medical Journal.)

The following is an interesting, and, as far as my experience goes, an unique case. Mrs. L., aged thirty, a delicate looking woman, married, with two children, consulted me on the 8th July last. She complained of abdominal enlargement, which she had noticed for some weeks past, and which she stated had sometimes disappeared, and then returned. This enlargement proved to be a considerable effusion into the peritoneal sac. There was at this time, too, a slight cough, and expectoration; a not very strong family history of consumption; and a personal history of an effusion into the right pleura two years previously, which had been aspirated by her then medical attendant, and two and a half pints of fluid withdrawn. About the end of July I became aware that the left pleural cavity was gradually filling, the abdominal effusion having, as well, increased in quantity.

On August 11th, the condition having become very grave, with urgent dyspnœa, constant sickness, and great emaciation and weakness, I determined to aspirate the pleural cavity. This I did with a Dieulafoy's aspirator, drawing off five pints of serous fluid. At this point I had to desist, owing to the fainting condition of the patient. The operation was followed by a distressing attack of dyspnœa, which was very

alarming. On the following morning, however, all the symptoms were considerably relieved; and on measuring the girth of the abdomen, to my surprise and pleasure there was a decrease of three inches on the measurement previous to the aspiration of the pleura.

On August 18th, as physical signs still demonstrated the presence of fluid, both in the peritoneal and pleural sacks, I again aspirated the pleural cavity; but after drawing off just a pint, the aspirator broke down, and I had again to desist. The drawing off of this second quantity was again followed by a diminution in the girth of the abdomen.

On August 28th, I aspirated for the third and last time, taking away rather more than three pints, making, in all, a total of rather more than nine pints, and a total diminution in the girth of the abdomen of seven inches and a half. After this last aspirating, physical signs gave no indication of fluid in either peritoneal or pleural sacs; and convalescence proceeded slowly until October 28th, when I paid my last visit; the patient by that time having gained considerable flesh, and sufficient strength to get about again.

There are many points of interest in this case. I will enumerate them briefly:

1. The fact of effusion into the three large serous cavities in one individual is, I should say, decidedly uncommon.

2. The presence of so considerable a quantity of fluid in the peritoneal sac, and subsequently in the left pleural, without any very assignable cause.

3. The rapid lowering of the quantity of fluid in the peritoneal sac after the aspirations of the pleural sac; in a few hours, possibly sooner. I regret I did not measure the abdomen directly after operation. This rapid alteration can only be accounted for by the fact of some direct means of communication between the two cavities, such as is mentioned under the head of Pleurisy in Quain's *Dictionary of Medicine*. "The origin of the pleurisy which may accompany puerperal and other diffuse peritonitis is explained by von Recklinhausen's demonstration of lymph-canals between the diaphragm and pleura; and its supervention in cases of abscess of the liver may receive a like explanation. Reversely, septic pleurisies spread themselves sometimes from the pleural to the peritoneal cavity."

4. Aspirating the chest is not always a successful operation. I have assisted in three cases prior to this one; two, both middle-aged women, died soon after the operation. The other, a young man, recovered after two aspirations. In neither of these three cases was the fluid in nearly so considerable a quantity as in the present instance.

5. In the second and third aspiratings of this case, I adopted the recumbent position for the patient, she lying on the side where the fluid was. Previously, I had practised, and seen practised, the sitting posture for the patient. The former I consider more convenient for both operator and patient, and safer for the latter.

6. I have always found Dieulafoy's aspirator very wearisome to work, when the quantity of fluid to be removed was considerable, and very liable to be broken. The third time of aspirating this patient, I used an aspirator of Maw's, which fits any receiving bottle, costs less than half the price of the other, is very much less labor to the operator, and obviates considerably any movement to the needle while the operation is going on, a movement which causes considrable pain to the sufferer.

THE USE of an artificial white slate with black pencil, or pen and ink, by school children is recommended by Professor H. Cohn, of Breslau (Scientific American), instead of the ordinary slate, as he believes the latter tends to the production of short-sightedness. The school board of Zurich has forbidden the use of slates after the primary year, and the use of white boards instead of black boards has been advocated, both by teachers and oculists.

A CASE OF DOUBLE HYDRONEPHROSIS with dilatation of the bladder and ureters, due to disease of the prostate gland, is reported by Dr. D. Webster Prentiss in the Maryland Medical Journal. The patient's first symptoms began two years ago, when there was difficulty in micturition, retention, irritation of the bladder and tenesmus of that organ, followed shortly after by incontinence and constant dribbling of urine. There was no constitutional trouble up to three months ago, when symptoms of uræmic poisoning developed. For four weeks he had suffered from nausea and vomiting, but the most distressing symptom was great dyspnæa due to emphysema of the lungs. There was no cough or other lung trouble; no heart disease and no dropsy. Specimens of the urine submitted to examination showed no pus, albumen, sugar, casts or renal epithelium. The patient steadily grew worse, and died without convulsions. The autopsy showed the bladder to be greatly thickened, the walls rough and crossed by a net-work of fleshy cords, resembling the

columnæ carneæ of the heart, with pouch-like dilatation in many places between these bands. There was no obstruction to the outlet of the ureters, and they were not dilated near the bladder. There was a peculiar enlargement of the middle lobe of the prostate gland, which projected into the bladder in such a manner as to form a valve-like obstruction to the escape of the urine. The ureters were much dilated, from the size of a pencil to that of the thumb, the largest portion being at the upper part and widening out into the pelvis of the kidney. The latter organs were dilated to a capacity of about half a pint, and their structure proper was reduced from one to two cm. ($\frac{1}{3}$ to $\frac{2}{3}$ inches) in thickness.

BOOK REVIEW.

LEGAL MEDICINE, by Charles Meymott Tidy, M. B., F. C .S., Vol. I. and II. New York: Wm. C. Wood & Co., 1882. Cloth, 8vo., each 300 pages. Forming the November and December issue of Wood's Library for 1882.

This is a valuable addition to the existing works on this subject. The author has conscientiously and ably delivered himself of his arduous task, to which he seems to have been well fitted, both by his practical experience and learning. It is preceded by an introductory, in lecture form, on the Process of Law, Evidence, and valuable hints on Preparation for giving evidence. Much diligence has been bestowed on the collection of all recorded cases having reference to the various subjects under consideration, which are arranged at the end of each respective chapter, and referred to by number in the text. This preserves the continuity of the text and forms a very interesting chapter in itself. In many cases of doubt the author has instituted experiments himself, and has succeeded in throwing light on many questions which before seemed unsettled and ambiguous. Under the signs of death the author first discusses the signs of the reality of death, then the indications by which in any given case the medical jurist may form an opinion as to the period that life has been extinct. The author does not deny the possibility of apparent death being mistaken for real death, but feels unprepared to admit that such a mistake is likely to occur to the cautious observer, after a careful examination with the instruments that science has placed within reach. The reader is referred to a case where a woman in a state of trance was buried alive. The court at Naples sentenced both the doctor who signed the certificate and the mayor who authorized the interment to three months imprisonment, "for involuntary manslaughter." The author suggests a general remark of caution. No physician is justified in certifying a person to be dead unless the majority of the signs of death are well marked. He goes considerably into detail about the signs of death, recording many interesting facts and new experiments. The question as to the time of death is naturally a more difficult one and requires special study. Nearly a hundred pages are devoted to the question of Personal Identity. The Causes of Death, the Post-mortem and the determination of Sex comprise the second volume. The Expectation of Life (Insurance), the Presumption of Death and Survivorship, Heat and Cold, Burns and Scalds, Lightning, Explosives and Combustibles, Starvation and its Treatment, are all discussed as to their legal importance in a complete and practical manner. A high sense of conscientiousness and love for truth and justice pervade the whole work. The work is gotten up in the publisher's usual good style. The volumes III. and IV. will appear as the October and November issue of this year's series.

BOOKS AND PAMPLHETS RECEIVED.

A MANUAL OF GYNECOLOGY. By D. Berry Hart, M.D., F.R.C.P.E., Lecturer on Midwifery and Diseases of Women, School of Medicine, Edinburgh, etc.; and A. H. Barbour, M.A., B.Sc., M.B., Assistant to the Professor of Midwifery, of Edinburgh, etc. Volume II. With one lithograph and two hundred and nine engravings. New York: William Wood & Co., 1883. Pp. 366. [Wood's Library of Standard Medical Authors.]

A CONTRIBUTION TO THE HEREDITARY AND PATHOLOGICAL ASPECT OF VICE. By G. Frank Lydston, M.D., Reprint. Pp. 20. Chicago: A. G. Newell, 1883.

ANNUAL ADDRESS OF EDWARD FENNER, 1st Vice President of the New Orleans Auxiliary Sanitary Association. Pp. 18. New Orleans: W. B. Strausburg & Co., 1883.

PROCEEDINGS of the Twenty-fifth Annual Teachers' Institute of Somerset County, Penna. Reported by Joseph F. Cummings. Pp. 55. 1883.

COMMUNICABLE DISEASES in Michigan during the year ending Sept. 30th, 1881, and work of Boards of Health restricting the same. Reprinted from the Annual Report of the Michigan State Board of Health. Reprint No. 141. Pp. 362–435 inclusive, Lansing: W. S. George & Co., 1883.

THE WEEKLY MEDICAL REVIEW.

VOL. VII. No. 13. CHICAGO AND ST. LOUIS, APRIL 14, 1883. TERMS: $3.00 A YEAR.

A SERIES of one hundred and sixty cases of subperiosteal resection of the elbow is reported by Ollier in the Bull. de l' Acad., No. 16, 1882. That one surgeon should have such an extensive series of cases shows, first of all, that he is an enthusiastic believer in the operation. Of the first division of sixty-three cases twelve died; of the last forty-three not one died from any result of the operation. He limits the indication for the operation almost to tubercular cases. He holds resection to be indicated, and as speedily as possible, in all tuberculous elbow joints so long as the lungs are free. He does not consider tubercular processes elsewhere in the bone as any contra-indication. If the lungs are recognizably affected, amputation would be better than resection, and the patient be so much the more effectually freed from his local trouble. As his experience enlarged, so also did his ideas as to the best attainable results. At first he was contented when he got a limb anchylosed in good position; now he expects a much better result than could be attained by any spontaneous healing. In order to further the production of a new joint he operates strictly sub-periosteally; only in the case of very young individuals in whom there seems to be extensive implication of bone does he remove a zone of periosteum in the immediate vicinity of the joint. In all cases, he begins passive motion early. By these general rules, whose details are varied according to each case, he has secured the happy results above noted.

BLENNORRHAGIC PERIURETHRAL TUMORS.—M. Mauriac concluded a paper read before the Societe de Médicine de Paris, as follows: (L' Un. Méd). 1. The glandular apparatus, including the glands of Méry or Cooper, and their accessory glands, is sometimes inflamed in the course of blennorrhagia. 2. The acute process nearly always ends in suppuration, and the formation of abscesses. 3. When Méry's glands are alone affected, which is the usual course, the affection terminates very constantly in a perineal abscess. 4. When the process is confined to the accessory glands, the tumor is situated beneath the curve of the urethra, at the summit of the scrotal region between the testicles. 5. Here, also, suppuration is the rule, but the glandular engorgement may, however, proceed to resolution. 6. In its chronic form it constitutes a large tumor, hard, ovoid, knobby, not fluctuating, which occupies the middle portion of the scrotal region, in the midst of which it remains firm, and which only forms fortuitous adhesions with the testicles and epididymis. The duration may be very long. 7. In its subacute form, after a sudden invasion and rapid increase, the inflammatory phenomena all at once cease, and complete resolution is affected in a few days. 8. Active intervention is unnecessary in the two last forms; a moderate antiphlogistic medication suffices and favors the cure, which, however, may take place spontaneously. In the phlegmonous forms, on the contrary, the tumor must be opened very early, even before fluctuation is apparent. 9. Whatever their form and tendency, these urethro-scrotal tumors, although proceeding directly from the canal, are evolved outside of it, and cause it no damage. M. Mauriac has not seen them open into the canal when they were purulent, nor form urethral fistules.

IN AN ARTICLE ON THE QUESTION of cutting, in the treatment of club-foot (N. E. Med. Monthly), Dr. Gipney formulates the following

brief rules, which will serve, perhaps, as well as any general rules can: 1. Paralytic talipes equinus.—If the tendon be so short that the foot cannot be forcibly flexed to 90°, do not hesitate to operate. Otherwise, stretch the tendon. 2. Spastic equinus.—Always operate if the conveniences for after treatment are at hand. 3. In the equinus of the paralysis of Pott's disease, never operate. 4. In equinus from ankle joint diseases, operate after an unsatisfactory trial at stretching. 5. In congenital talipes equinus, operate often, but in very early life resort to the mother's hand. In all cases let it be understood that the tenotomy is only the preliminary step to treatment.

From the Jour. de Med. de Paris we note the following treatment recommended by Dr. C. (Med. and Surg. Rep.): 1. Puncture of the hydrocele with a capillary trocar of an aspirator, and evacuation of the fluid. 2. Injection of a solution of hydrate of chloral in a quantity proportionate to the volume of the hydrocele and age of the patient: one to two grams of chloral for children, four grams for adults, and occasionally more in old men. The solution is made by dissolving equal parts of chloral in cold distilled water. 3. Cold applications, to overcome the pain produced by the injection. 4. The injection is repeated if the absorption occurs too slowly. The patients are kept in bed, and wear a suspensory bandage for some time after termination of treatment. Dr. Lampagnani says that the effusion has not returned in any one of the seventeen cases operated upon by this method.

James T. Fields used to tell this story of Dr. Channing (Med. and Surg. Rep.): "The reverend doctor and the medical doctor were both at a party in Boston one evening, and, some one being taken ill, the man of medicines, Dr. Walter Channing, was summoned. The servant entered the room where the brothers were seated, and said, 'Dr. Channing is wanted.' 'Which Dr. Channing?' said Walter, the physician; 'the one who preaches, or the one who practices?' "

Before resorting to an operation in cases of detachment of the retina, Dr. J. R. Wolfe says (Practitioner) there are three points which must be ascertained: 1. That there is no opacity or softening of the vitreous, or at any rate if there is any that it is not general, but confined to the region of the detachment. 2. That the retina is healthy; and 3, that the effusion is serous. He says that the exact site of the detachment must be determined, and describes the operation for its relief as follows: The patient being under chloroform and the speculum introduced, an assistant fixes the eyeball with forceps. A vertical slit is made with scissors into the conjunctiva and sub-conjunctival tissue, exposing the sclerotic at a point corresponding to the site of detachment. The lips of the wound are separated by two small strabismus hooks, and the assistant steadily maintains the position of the eyeball to prevent the exposed portion of the sclerotic from shifting. The scleratome is introduced into the sac formed by the fluid. The incision through the sclerotic is made obliquely in such a manner that the edges of the wound shall overlap each other when the instrument is withdrawn and not remain gaping. Gentle pressure is made in the track of the receding lance by means of a fine spatula. The lips of the external wound are brought together by one or two fine silk ligatures, and both eyes are strapped with court plaster. The plaster and ligatures are removed on the sixth day and the eye is gradually accustomed to light, and on the eighth day the result of the operation may be tested. As to medical treatment, he says that in the incipient stage, where operative interference is contra-indicated, pilocarpine deserves a cautious trial.

Two cases of a very rare accident occurring in one city (Chicago), at the same time, are reported in the April issue of two different journals. The accident referred to is a complete vertical dislocation of the patella; one case is reported by Prof. C. T. Parkes in the Chicago Med Jour. and Ex.; the other, illustrated, by Prof. Andrews, in the Annals of Anatomy and Surgery.

THREE CASES OF INJURY to the axillary artery by dislocation of the head of the humerus are reported by Körte in the Archiv. f. Klin. Chirurgie (Bd. XXVII., p. 631). 1. Dislocation inwards and forwards; immediate reduction. Formation of traumatic aneurism. Repeated puncture. Septic fever, chills, death from hæmorrhage five weeks after injury. Opening on one side the artery, perhaps from tearing out a branch. 2. Old dislocation forwards and inwards; repeated efforts at reduction, one of which injured the vessel. Gradual formation of an aneurism. Rupture of the sac, with death. An opening on one side the vessel and fracture of the glenoid margin. 3. Blow on the shoulder with arm elevated; luxation with spontaneous reduction; rent in the capsule; aneurism, with ligation of the main trunk. In this case secondary hæmorrhage and renewed ligation. Death from anæmia. Körte has collated thirty-eight cases from the literature of the subject of injury to the artery, and four of injury to the vein; but is confident that only a part of the actual number have ever been reported. He shows how, not only reduction of old luxations may cause the accident, but even that of very recent cases. He thinks the use of the foot in the axilla is the cause sometimes; other causes are the age of the patient, his vessels being in an atheromatous condition; too powerful efforts; adhesions of the vascular sheath to the capsule or bone; simultaneous fracture of bone. The symptoms of aneurism have usually been characteristic, though sometimes it has lacked the pulsatile character, while the radial pulse has been felt. He recommends the ligation of the sub-clavian; or, if compression of this trunk is not temporarily effective, incision and ligature of both ends of the vessel.

DR. DASHIELL, of Jackson, Tenn., in describing the prevailing diseases of his region (Nashville Jour. of Med.), says that persons suffering from a protracted spell of intermittent, or whose constitutions have been impaired by malarial trouble, are frequently subjects of a periodical, painful stricture across the breast, or sharp shooting pain through the chest, dyspnœa and a short, dry cough, though this in some cases is attended with mucous expectoration in certain individuals, and sanguineo-mucous in others. This condition he calls *pneumonalgia*, believing it to consist of a neuralgic condition of the pulmonary plexus with consequent hyperæmia. This is liable to be mistaken for the commencement of a pneumonia, he says. We would query whether it is not such a congestion as might easily run into a genuine pneumonia. The tendency of malarial attacks to cause congestion of some one or more organs of the body—be it mucous membrane, conjunctiva, pia mater, lung, or any other—is well known. We would hold that after a chill there may result a congestion of, say, the lungs, which would inevitably eventuate as a typical pneumonia, were not quinine and derivatives freely used, and we believe that such a malarial pneumonia, if we may use the term, may be aborted, provided cinchona preparations be used in time—that is, before products of inflammation are thrown out in the lung substance. We would not go so far as to say that pneumonia is *always* a manifestation of malaria, or even a result, but that it *often* is the latter. But, pathology aside, we endorse the treatment given in the article referred to, consisting largely of antiperiodics.

THE INTRA VENOUS INJECTION of salt solution in collapse has been the subject of a careful inquiry by Schwartz. (Berlin Klin. Wocschft.) He experimented with dogs from which two-thirds of the blood had been removed. The solution should be six-tenths of one per cent strong, and the indications for its use are collapse and acute anæmia. He has collected the following examples of its use: 1. Beschoff. For post partum hemorrhage. Injection of 1250 gram. Recovery 2. Küstner. Collapse from unfinished operation for cancer of ovary. Injection of 1000 grm. Immediate recovery; second collapse and death. 3. Kocher. Severe iodiform poisoning after exarticulation of femur. Collapse. Injection of 500 grm. Recovery. 4. Kümmell. Acute anæmia after extirpa-

tion of a large hydronephrosis. Injection of 1000 grm. Immediate revival, but subsequent death from insufficient action of the remaining amyloid kidney. 5. Kümmell. Acute anæmia after resection of the knee in a woman aged 61. Injection of 500 grm.: recovery. 6. Schwartz. Collapse after extirpation of degenerated cervix uteri. Excessive hæmorrhage. Injection of 1,000 grm. into median vein. No radial pulse; brachial pulse 132, scarcely perceptible. Pupil unresponsive. Recovery from collapse. Subsequent death from septic peritonitis.

It will be seen that the immediate effect of each of these intravenous injections was happy, and had nothing to do with the cause of death in the fatal cases. The solution should be injected slowly, taking about 20 minutes for the operation. The temperature of the fluid should be 39° (102° F.).

An interesting case of sycosis parasitica was recently seen at Prof. Neumann's clinic in Vienna (Vienna Corresp., Canadian Practitioner). A middle aged man had a well defined soft tumor on his chin, about an inch in diameter. Its surface was smooth and flat, and the few short hairs still remaining were atrophied and broken. On squeezing it a quantity of serum was pressed out. It was five weeks since the patient first noticed anything there. In ninety-five per cent of cases parasitic sycosis follows on herpes tonsurans, but here the surrounding chin was quite free from disease. This was but the eighth case Neumann had seen, and was thought to be due to use of an unclean razor—the cause of ninety-five out of every hundred cases—though of seven seen previous to this the disease was proved in four to have come through infection from animals, two from horses, one from a cow, the fourth from a dog. In this case the diagnosis was proved by a microscopic examination of some of the removed hairs. The patient was treated by cleanly shaving the chin, and the application of a sulphur ointment. When seen again twelve days afterwards he was practically cured.

Floating Kidneys were found by Korczewsky (London Med. Record) in 32 females and 3 males at a watering place in Galicia, out of 1030 females and 392 males examined. In 19 the right and in 11 the left organ was involved, while in five both organs were floating. He thinks that physicians often overlook the trouble. None of the above cases were sent to the watering place on account of this condition. It depends, according to his opinion, chiefly upon disappearance of the circum-renal fat, atony of tissues from acute fevers, and pressure of hypertrophied abdominal viscera. Co-existence of malarial hypertrophy of the spleen was noted in several cases, most commonly in left displacement; and he strongly recommends examination as to the condition of the kidneys in all malarial affections.

Endemic Hæmoptysis is the name given by Dr. Manson to an affection of the lungs and described by him in the London Lancet. He says that there is a remarkable parallel existing between this disease and endemic hæmaturia. Each is caused by a parasite, which is a species of distom. In each there is an intermitting or remitting discharge of blood, in which, in each case, the ova of the parasite are found. Each has a limited geographical distribution, and each tends to shorten life either by profuse hemorrhage or gradual weakening of the powers by frequent small ones. His attention was first called to the disease during the visit of a Chinaman, who came to consult him in reference to a trifling skin disease. During a fit of coughing the chinaman brought up a blood-stained sputum, a portion which was immediately placed on a slide and examined under the microscope. Besides blood and mucous corpuscles, epithelium and so forth, certain large bodies were found, which from their appearance were judged to be the ova of a parasite. They were in great abundance, oval in form, of a dark reddish brown color, were double outlined, operculated at the broader end, and contained one or more paler spheres suspended in a granular matrix. They differed somewhat in size and

shape, some being round, others more elongated and by average measurement were one three-hundredth inch by one five-hundredth of an inch. The patient in this case had been a resident of Formosa for about ten years, and it was there that he first began spitting blood, and in that attack spat from half an ounce to an ounce of blood for nineteen days in succession. The hemorrhages recurred at varying intervals, but were never profuse, nor did he have very much cough. His general health was good, and careful physical examination failed to detect anything amiss with the heart or lungs. Two other persons were sent to the doctor suffering from the same trouble, and he says, regarding their cases, by getting them to cough I could always procure an abundance of ova-laden sputum. So numerous were these ova, that I could procure thousands of them any time I chose to send for my patients. The disease seems to be confined to Formosa and Japan, where it is very prevalent. It was first discovered by Dr. Ringer, and has been named the Distoma Ringeri.

According to Les Mondes (Med. and Surg. Rep.), it appears that in Russia, France, and England, consumption of tobacco amounts to one pound per inhabitant. In Italy it is higher, one and a half pounds. Austria comes next with two and two-fifths pounds. In the United States and Germany the consumption amounts to three pounds, in Belgium four and four-fifths pounds, while Holland has the privilege of heading the list with a consumption per inhabitant of more than five and a half pounds.

In one of the Vienna Hospitals (Exchange) an autopsy disclosed the existence within the brain of an old, rusty, iron nail, which, it is believed, must have been there since early childhood. The man was a bookbinder, and about forty-five years of age at the time of his death. During life, at irregular intervals, he had epileptic attacks and the commonly observed post-epileptic mental phenomena, but beyond this, had always passed for an intelligent workman.

A Case of Tumor of the skull and bladder was reported, and the specimens presented, by Mr. Clutton, at a meeting of the Pathological Society of London (London Lancet). The patient was first seen in 1877, and had at that time a swelling over and fixed to the left parietal bone, which was soft in the center and had an indurated margin. This was opened and a large opening was found in the skull. He died about six months afterwards from the profuse discharge and hectic. He suffered from severe neuralgia, but there was no paralysis nor any symptoms of trouble in the bladder. The post-mortem disclosed an opening in the skull three inches across, the ulcer in the scalp being four by five inches. The exposed dura mater was thick and rough, and in its center was an opening about the size of a florin, beneath which the brain showed commencing hernia. A tumor as large as an orange occupied the left side of the body of the bladder, both inside and outside its margin being well defined. Microscopical examination of the tumor of the head showed an alveolar structure, with large cells having distinct nuclei and nucleoli, with interalveolar small round and spinal cells. It was considered to be an alveolar sarcoma. The bladder tumor was composed of round and oval cells like those of sarcoma. As to which was the primary growth in this case, or whether they were entirely independent of each other, were questions about which there was a difference of opinion.

A Study upon the pathogeny of certain osseus pains, by M. M. Charrin and Guignard, is concluded as follows (Canad. Pract.): In tubercolosis, in diabetes, and especially in osteomalacia, we observe clinically osseus pains; phosphaturia frequently co-exists. Etiologically, chemistry and experiment show us a tendency to the accumulation of acids in these diseases. It is allowable to suppose that in these different morbid conditions, it is the acids which attack the osseous tissue, its nerves and all its elements, dissolving its calcareous salts and thus give rise to the pains and the phosphaturia.

Rupture of an Aneurism of the internal carotid artery followed by spontaneous cure is an occurrence so out of the usual order of events as to be remarkable. Dr. James Grey Glover, however, publishes in the London Lancet an account of such a case, which was given him by a medical friend in this country, and which is as follows: "Nine years ago she had an aneurism of the internal carotid artery which ruptured; the blood extravasated at the base of the brain was absorbed and she recovered—a thing unknown, spontaneous cure of aneurism of the internal carotid. She then enjoyed nine years of uninterrupted good health. A second aneurism developed near the old one, just as the vessel leaves the carotid canal at the base of the brain, within the cranial cavity of course. The only symptom she had during her illness was paralysis of the third cranial nerve. We had hoped this was functional paralysis, not suspecting an aneurism, and never having fully understood the nature of the cerebral trouble nine years since. She was perfectly well until three weeks before her death, when she was taken sick. She suddenly became unconscious and remained so for twenty minutes. She came out of this, and the attack passed off, leaving only ptosis, dilated pupil and strabismus. Ten days later she had another attack, similar to the first, but more severe. From this attack she rallied, but the third attack followed. She became suddenly unconscious, and remained so fourteen hours. When she died Dr. Welch made the autopsy, which revealed the aneurism which had ruptured, and the obliterated sac of the old aneurism which ruptured nine years ago. This, I believe, is the only case of its kind on record."

The Following Case is reported in L' Union Medicale (Chic. Med. Jour. and Ex.) with some comments on German surgery. A virgin of twenty-seven, somewhat poorly developed from lack of proper food, suffering from some menstrual irregularities, came under treatment by a quack, who in some way managed to cause a prolapse of uterus and vagina. The lady went here and there for relief from her swinging burden, but without avail. She came under care of Dr. Kuhne, who found a common prolapse without implication of bladder or rectum. He tried pessaries, but not satisfied with them, he performed episiorrhaphy. Still, even through the occluded vulva the vagina and uterus continued to dangle. He next extirpated both ovaries, fallopian tubes and a part of the fundus uteri, which latter he affixed to the abdominal walls, after covering it well with parietal peritoneum. In spite of this dangerous procedure the prolapse again dangled in its old place. Made positively angry by this he performed a second episiorrhaphy. Up to date nothing more has been heard of the prolapse, and it is possible that it has finally been remedied. This story, if instructive in anything, simply teaches how much the human frame can sometimes bear.

In Concluding a Report of five successful cases of tracheotomy for croup Dr. James L. Little says (London Lancet): 1. "The tube used should be somewhat smaller than the calibre of the trachea, should have no dorsal opening, and should be made with a movable collar or ball and socket attachment. 2. No attempt should be made to remove the tube permanently until the patient is able to breathe freely for some days through the mouth with the tube closed. 3. Granulations around the margin of the tracheal wound will be less likely to occur if no source of irritation exist in connection with the tube." He says the tube should be short, the shorter the better, and in order to have them as light as possible he has them made of aluminium, which does not tarnish nor corrode like silver.

Ellenberger (Can. Pract.) speaks very highly of painting the skin with impermeable applications for parasitic diseases. He has used collodion, tolu in ether, rubber in chloroform, etc. When the part is covered with these mixtures, the parasites, animal and vegetable alike, soon die. He has experimented with dogs and other animals, and finds that they can stand from one-half to one-third of the body covered in this way.

A Death from Peforation by worms is reported by Marcus in the Deutsch. Arch. of Klin. Med. (Med. Bulletin). The patient was a girl of 13, who sickened suddenly, and who died with well marked signs of peritonitis. At the autopsy three large, round worms were found in the descending portion of the duodenum; they were still living. A perforation of the gut six mm. long existed on its inner side, the bloodless edges of which lay close to each other. In the duodenum were four more worms. Professor Perls declared this case to be one of ascarido-phagic perforation, whose existence he had previously doubted. Veterinary surgeons have, however, observed cases of this nature which cannot be disputed.

A Large Omental Tumor was removed by Mr. Lambert H. Ormsby (London Lancet) by abdominal section, the growth together with the fluid removed weighing seventy-five pounds. The operation was made under the antiseptic spray by the usual median incision as for ovariotomy. When the cavity was opened a large quantity of ascitic fluid escaped and the tumor came into view. It was multilocular, and contained some thick fluid, but the larger portion of its contents consisted of brain-like, semi-solid matter. It was not attached to the ovary or uterus, but seemed to spring from the great omentum. The pedicle was tied with two stout catgut ligatures, and cut off short. The abdominal incision was brought together with catgut and silkworm gut sutures, and dressed with the antiseptic gauze. The patient progressed favorably.

Gallozzi has reported (Il. Morgagni, 1882, II.) the case of a boy of sixteen who had in the pendulous part of his urethra a calculus weighing 33 grammes, and which was twelve years in process of formation. It was quite elongated and extended from the glans to the scrotum. A metal catheter could be introduced alongside it, since it was held in a pocket-like fold of mucous membrane. He judged from its nucleus of urates that it proceeded originally from the bladder, and not from a lacuna Morgagni.

The Kentucky State Medical Society held its twenty-eighth annual session in the Masonic temple at Louisville on the 4th inst. The attendance was quite large and the proceedings were of more than usual interest. Dr. A. D. Price, the president, delivered the annual address, which contained suggestions worthy of careful consideration. Speaking of the "much hackneyed subject of medical education," he said the best schools in the land cannot manufacture brains; they can only train and develop, imparting useful information. The much needed reform should begin in the physician's office, and better material should be sent to the colleges. The State should also claim her right through her proper representatives to judge of the qualifications of those seeking to enter the profession, but until this is done he thought many of those seeking to enter the medical profession should devote their energy and abilities to veterinary surgery. As the value of all the horses in the United States amounts to $800,000,000, and there is an annual loss of not less than $15,000,000 for want of skillful medical treatment, this offers a good field for usefulness and a competency. He urges the establishment of a school for the education and training of nurses, and concludes his address with the following upon specialism in medicine: It has fought a good fight, and stands to-day in the front rank of usefulness. It has added much to our knowledge, and its continual investigations will ever shed blessings on mankind. And were medical men imbued, regardless of personal considerations, with the desire to benefit humanity to the fullest extent, there is not a town or village where division of labor might not be made with profit to the profession and advantage to the afflicted.

Bowling Green was chosen as the place for the next meeting.

A Consultation Preferred.—Professor of Obstetrics:—"Young man, what would you do foi a case of post-partum hemorrhage?" Student behind the stove-pipe:—"Would run like hell for a doctor, sir."—Exchange.

In an Essay entitled, "An Experimental Investigation of the Action of Chloral, Opium, and Bromide of Potassium," by Dr. Sidney Ringer, Professor of Medicine in University College, London, and Dr. Harrington Sainsbury, the authors make the following important observations on certain well-known drugs, after discussing the physiological effects of the agents mentioned in the title of their paper (British Medical Journal): "Clinically, the dangers of bromide of potassium and of chloral have been recognized; and thus in our text-books we find the statements that the presence of grave adynamic symptoms contra-indicate chloral and bromide of potassium. Opium, on the other hand, in such adynamic states, frequently appears to lend actual support. The results of definite experiment we find to accord with the results of clinical experience; and the value of the former lies in that they confirm, and by their definiteness must tend to enforce, the teachings of the latter. The choice of a drug is, however, no simple matter; an advantage here may be outbalanced by a disadvantage there; and practical men may object that they would gladly give opium, but that the disordered stomach, blunted appetite, inactive liver and torpid intestines more than outweigh the advantages of opium administration. This clearly is a matter for consideration in the individual case under treatment; and the decision will have to be according as one or other element, asthenia, or derangement of the digestive, etc., powers, is most to be feared. These objections to opium on the one hand, and chloral and bromide of potassium on the other hand, raise the question as to whether, in very many cases, a drug, at present rather extensively used, especially in America, viz., bromide of sodium, might not with advantage be substituted in their place. The salts of sodium generally contrast very markedly with those of potassium; for the chlorides, bromides and iodides of these two metals, the lowest figure would represent the potassium as ten times as active as the sodium. These precise numbers refer to action on the ventricle of the frog's heart (see Medico-Chirurgical Transactions, Vol. lxv, concerning the action of the salts of potash, soda and ammonia on the frog's heart), but on all hands the evidence is forthcoming that, whilst salts of potassium are very poisonous, those of sodium are very slightly so. One of the marked points of contrast between the two sets of salts is to be found in respect of inhibition; potassium salts inhibit the frog's ventricle strongly, sodium salts scarcely at all. Here, however, we are considering drugs as to their cardiac effect; and, in respect of this, sodium bromide would rank far ahead of bromide of potassium, chloral or opium as to innocuousness. The objections holding for opium would not apply here, for sodium salts are generally very little disturbing to the tissues. With these advantages the general verdict of clinical experience is to the efficacy of bromide of sodium as a hypnotic, and, indeed, as a substitute for bromide of potassium; and should this position but be maintained, it is clear that bromide of sodium will be in very many cases the sedative above all others to be selected."

An Economical Pill.—The "Everlasting Pill" was composed (Paris Pharmacologia) of metallic antimony, and was believed to have the power of purging as often as it was swallowed. Thus a single pill would serve a whole family during a generation, and might be transmitted to posterity as a priceless heirloom. A lady who swallowed one of these pills became really seriously alarmed at its non-appearance. "Madam," said the doctor, "fear not; be patient; it has already passed through a hundred patients without any difficulty."

Failed to Make a Diagnosis.—A doctor is called to attend the son of a business man. He writes a prescription that the family hasten to have filled. On the following day he returns to see his patient, and finds the family in tears. "Alas!" sighed the mother, "I did not believe the measles could kill my poor boy." "The measles!" exclaimed the doctor, "he had the measles and you did not tell me."—Exchange.

In the Course of a Paper on the Local Origin of Malignant Growths, read in the Section of Pathology at the last annual meeting of the British Medical Association (British Medical Journal), Mr. Jonathan Hutchinson observed: "It is needful to say a few words as to the Inheritance of cancer in its bearings upon the doctrine of its local origin, since an adverse argument has been founded upon it. It has been urged with much plausibility, that a disease which is capable of inheritance must be a constitutional one. No doubt, to some extent, this is true; but the argument must not be pushed beyond its legitimate scope. The laws of inheritance, as with property, so with disease, concern convection, and not origin or production. The inheritance of a fortune is a very different thing from its acquisition, and gives us no clew as to how that may have been accomplished. The causes of cancer, as we meet with it in practice, may, perhaps, be usefully classed as three, senility of tissue, local irritation, and inheritance. Of these, only the first two can rank as true causes; the latter, although practically of great importance, is only a mode of perpetuation of that which the other two have originated. Senility gives proclivity, local irritation excites, and subsequently hereditary transmission may perpetuate. The facts as regards chimney-sweep's cancer gives perhaps the best illustration of what I mean. Before this malady was practically suppressed by Act of Parliament, I believe it was commonly noted that when the trade of the sweep went, as it often did, in a family, proneness to suffer from soot-warts, and for soot-warts to degenerate into cancer, increased in successive generations. Grandsons and great-grandsons were attacked at earlier ages, and with much greater frequency, than those who were new to the trade. Here, then we observe the liability to a form of cancer, produced in the first instance by a local cause, perpetuated and intensified by hereditary transmission. We witness the genesis of cancer, and see the shares taken by local irritation and inheritance, and how entirely secondary the latter is as regards the former. If we ask what it is which is inherited in the case of the transmission of cancer, probably the nearest approach to an answer which can be given will be to say that it is a peculiarity in cell-structure generally; not germs, not a blood-malady, but a special type of cell organization, permitting, with greater ease than in other persons, the injurious influence of local causes. Even in the sweep, whose forefathers have suffered from soot cancer, the transmitted tendency still waits for the exciting cause; and the disease occurs, not in internal, and, therefore, protected parts, but on the same part as it did in his great-grandfather, and under the direct influence of exactly the same cause. Not that I would for one moment doubt that, in some instances, the inherited proclivity may be so strong, that it does not wait for the help of any exciting causes, but manifests its power in the production of a cancer which may be considered spontaneous. It is probable in this way that we ought to explain almost all cases of cancer occurring in very early life; and it may be the fact that, in a few of these, something more definite than mere tissue proclivity may be transmitted, possibly even germinal matter, especially in those cases in which the parent was the subject of the malady. Thus, then, although I fully admit that in the examination of our patients we must make large allowance for the influence of inheritance, I wholly deny that we can allow it to rank as a true cause of cancer."

Kairin is a recent product of the laboratory (College and Clin. Rec.) which promises to be a useful antipyretic, and, it is claimed, is unaccompanied by the slightest tendency to produce local irritation. It is proposed as a substitute for chinoline, itself a substitute for quinine. Drs. Fischer and Wilhelm Konig, of Munich University, assisted by Professor Filehne, of Erlangen, have found that those hydrides of chinoline in which the nitrogen atom is in direct combination with the carbon atom of a methyl group, or of another alcohol radical, all possess, more or less, the properties above mentioned as pertaining to kairin. The latter is the name given by the

authors to oxychinoline-methyl-hydride. Kairin hydrochlorate forms a light grayish-yellow crystalline powder. It is soluble in water, and has a bitter, aromatic taste. According to The Druggists' Journal, the authors have found that, beginning with doses of from 0.3 —0.5 to 1.0 gm. of the above salt, and gradually increasing the dose 0.5 gm. each time, the doses being repeated at intervals of an hour, after the fourth dose the body temperature may be reduced to 37° C., or even 36.5° C., without any symptoms of local irritation, and they hope that the substance will prove useful in all forms of fever. The latest antipyretic, which has been highly praised by a Russian reporter, is carbamide (urea), which recalls the fact that in some countries urine is popularly used as a febrifuge. Unless Isopathy has an unexpected revival, we do not anticipate many advocates for this treatment of uræmia in the United States.

At a recent Meeting of the London Clinical Society, Mr. Heath brought forward a case of separation of the epiphysis of the clavicle by muscular action. It occurred in a boy of fourteen while raising his arm violently to bowl at cricket. The inner end of the bone was unduly prominent and presented a sharp edge. The supra sternal notch was distinct, and a thin lamella was felt between it and the gap above noted. Reduction was made by laying the patient prone, and retention secured by means of plaster of Paris bandage. Mr. Heath took occasion to insist strongly on the utility of this plaster dressing in fractures of the clavicle and humerus.

Diffuse Cerebral Hemorrhage occurring in a new-born child, after an easy labor, is reported by Mr. F. H. Champneys in the London Lancet. The child died in convulsions on the fifth day after birth, and the autopsy revealed diffuse apoplexy, especially of the left side, the blood having escaped apparently from the neighborhood of the lateral ventricles and reaching the surface in parts; on the convex surface there were many small hemorrhages.

The Coldest Inhabited Town in the world is, according to L'Union Medicale, not Irkoutsk, as has been formerly believed, but Verchojansk, in Siberia. In this place the mean temperature during the month of January was—43° F.; in February,—56° F.; in March,—37° F. Once the thermometer recorded—81.4° F.

Besnier has Reported (Ann. de Derm. et de Syph). four cases of poisoning by pyrogallic acid, two of which were fatal. The acid in each case was used externally, and for the treatment of psoriasis. One was his own case, the others were reported by Pick, Neisser and Vidal. Haematuria or haemo-globinuria was a prominent symptom in all of them.

Spirit of Turpentine (Med. and Surg. Rep.) is now made from sawdust and refuse of the saw-mill. It is extracted by a sweating process, and yields 14 gallons of spirit, 3 to 4 gallons of resin, and a quanty of tar per cord. The spirit produced has a different odor from that produced by distillation.

NEWS ITEMS.

With the April Issue of the Atlanta Medical Register, Dr. Baird takes his leave in the capacity as editor, in which he has so long and well served. Press of other duties is his reason for the step. He bespeaks a good word and a kind reception to his successor, Dr. J. Logan, a well-known physician of Atlanta, who has our cordial good will and best wishes.

The Trustees of the College of Physicians and Surgeons recently made summary disposition of a few members of the Faculty, declaring vacant the chairs held by Profs. Carpenter, French, Jelks, and one or two others. They appointed to these chairs, so far as filled, Drs. Wadsworth, Sawyer and Harrison.

The Rush Medical College Practitioners' Course has been well attended, over forty gentlemen being registered. That at the Chicago Medical College has not had as large an attendance as usual.

CONTRIBUTIONS.

TYPHOID FEVER IN BIRMINGHAM, ALABAMA.

BY JOHN D. S. DAVIS, M.D.

[Read before Jefferson County Medical Society.]

I have not selected Typhoid Fever as the subject of my dissertation thinking I am capable of throwing any great amount of additional light on the subject, but from the fact that I reside in a city in which it has extensively prevailed during the past two years.

It has scourged this city the last two years! Many men who were bound to earth by all the endearing social ties of life, whose public and private services to the country were inestimable, have fallen victims to this disease. Many good and kind women, who were examples of virtue, benevolence and christianity to an eminent degree, and who fulfilled the noble mission of woman, as mother, or as wife, have ceased to be and are numbered with the dead—the work of this fell destroyer. It has spared no sex or condition, and has shown its malignancy alike in the palace and the hovel. Until the past six months, whenever it made its appearance, it brought consternation and alarm, for it taught the people that death often follows in its footsteps. I know of no disease in the whole catalogue of human ills, that is better calculated to humble the scientific and conscientious physician, and cause him to feel more the inadequacy of his means to repel the monster death. My table of one hundred and forty-nine cases the past two years only show fourteen deaths. When typhoid fever prevailed as it did here, and many persons are attacked, in spite of all that can be done, some will die, but if proper medical attention is given them, many that would otherwise die may be saved.

The diagnosis of typhoid fever is generally not difficult, provided we pin not our faith to any one symptom as a positive evidence, nor confide too strongly in typical descriptions. I have never seen a case of typhoid fever which strictly corresponded in every particular with the typical delineation of the authorities. The fever is the objective symptom. If the patient has fever, and gives a history of general malaise, pains in the head, back and the bones, sleeplessness, listlessness, loss of physical and mental effort, etc., with no sign of any primary disturbance in the pulmonary, abdominal or cerebral organs sufficient to cause this condition, an essential fever is plainly indicated.

The essential fevers are typhoid, typhus, malarial and relapsing. Relapsing fever can usually be left out of account, as it is very rare here. Typhus fever can be excluded in the majority of cases, as it is rare in this country, being always imported when it does occur. In general practice the diagnosis is therefore confined to typhoid and malarial fever. In these cases we can exclude malarial fever by observing the variations of temperature, for in malarial fever the temperature has the characteristic complete remissions (hence intermittent fever). The attacks recur daily, every other day, every third day, etc., according as the type of the disease is *quotidian*, *tertian*, *quartan*, etc. If there is complete remission every morning, the fever is certainly malarial. If there is a continual temperature of about 100° with regular exacerbations, it is probably the remittent form of malarial fever. Typhoid fever is characterized by slight and irregular remission during the first and second week. It has a characteristic visceral complication, in the lesion of Peyer's patches, which occurs more or less intensely in all cases. This is manifested by the following abdominal symptoms, viz: Tenderness in the right iliac region; borborygmus; diarrhœa; stools of the appearance of bean soup and very offensive. These occur in the first ten days (the diarrhœa sometimes being absent on account of drying up of the secretions), and continue all through the course of the disease for three or four weeks. About the end of the first week their appears a sparse but distinct lenticular eruption, disappearing under pressure, and especially abundant on the anterior aspect of the trunk and back. The eruption in typhus differs from this in being more copious, and petechial in character, depending on an actual hemorrhage, and therefore not disappearing on pressure. The diagnosis of an "essential fever" must be certain; and any visceral, cranial, abdominal or thoracic inflammation which might account for the fever be carefully excluded. In these cases the fever is evidently typhoid. There is an absence of any primary visceral lesion, and the fever is surely "essential." There is the characteristic course of the temperature, viz: irregular remissions, and irregular exacerbations. The scheme of the temperature in typhoid is as follows. First week, an increase every night. Second week, highest point, less marked remissions. Third week, more marked remissions, large excursions. Finally, natural in the morning; exacerbating slightly in the evening.

We can have no control over the progress of the disease, which is self limited and will run its definite course. The treatment is therefore directed: *a* To maintaining the strength of the patient. *b* To protecting the patient from the dangerous accidents which are liable to happen, the most prominent of which are: 1. Congestion of the lungs. 2. Perforation of the intestines. 3. Perforation of a blood vessel of large size. The fever is naturally a very exhausting one. The patient emaciates rapidly, because of the active combustion of the tissues of his body, indicated by the high temperature.

When the fever is at its height, the patient usually assumes the dorsal decubitus, and shows all the signs of supreme exhaustion. No muscular movement, no expression in the features, but a vacant and dull look, sordes on the lips, teeth and nostrils. It is simply organic life that is affected. The patients lose all that energy that is consumed with the loss of animal heat. To sustain the patient's strength is therefore a main indication for treatment. Absolute rest should be insisted on. Besides this, in many cases all that is necessary is a proper diet. The patient should be protected from any source of irritation, and there should be no muscular movements whatever. This point should be insisted on, as patients often exhaust themselves greatly during the early stages of the disease, and thereby lessen their chances for a good recovery, by keeping up and about as usual. A milk diet is the best kind of food for the great majority of cases, but sometimes the patient can not take a purely milk diet for any length of time, and in that case concentrated broths may be used. These should be rich in all the elements of animal fibre. Cases of typhoid are said to have been aborted by the immediate and active use of emetics, cathartics and full doses of quinine, but it is as impossible to abort typhoid fever as pneumonia or small pox. If a case of fever has been aborted, it is a positive evidence it is not one of typhoid fever.

It is doubtful if any medicine will act as an antipyretic in typhoid. While it is possible to lessen the apparent amount of heat by the use of cathartics, emetics, diuretics, etc., this is nothing more than a temporary effect and eminently dangerous.

Quinine and salicylic acids are variable and unreliable. There is no reliable antipyretic except cold water in the form of bath, pack, or in any way by which the fever can be actually reduced. Its great power in reducing the high temperature has been shown in its extensive use in Switzerland and Germany. This is now the most renowned and popular treatment. Its utility depends on its power in actually reducing the high temperature. In those cases where the temperature is comparatively low, the bath is not necessary. When there is a continued temperature of 102° in the morning, rising to 105° in the evening, it is proper to make use of the bath or pack. The patient should be immersed three or four times a day, and remain in the bath until the temperature falls to near the normal point. On coming out of the bath the patient should be wrapped comfortably and carefully in a blanket, and allowed to remain in bed till the temperature rises again to its former height, when the same practice and process should be repeated. In this way the temperature is continually kept near the normal standard. It is a great advantage and protection to the patient if the temperature be reduced two or three degrees.

Patients in typhoid will take very large quantities of alcohol without any of the usual symptoms of alcoholism. There is no possible explanation of this except that *it*, being a very combustible hydrocarbon, is reduced into its primary elements (of $C\ O_2$ and $H_2\ O$), and thus acts as a food. If the patient does become intoxicated, however, it is a sign that alcohol is circulating unchanged in the blood. The administration should then immediately cease. Alcohol is indicated when the patient exhibits symptoms of great nervous prostration, with sub-sultus tendinum, delirium at night, jactitation, with a position in bed indicating great physical debility and a very dry tongue; all coming on with increase of temperature. Alcohol administered then will quiet the delirium and the locomotor disturbances; the patient will be able to sleep quietly, the tongue will become moist, and the whole aspect of the sufferer will be changed for the better, There is no rule in regard to the administration of it any more than with opium. It should be given until the desired effect be obtained. The amount usually ranges from four ounces to twenty-four ounces; beyond the last it is not safe to go, although Dr. Bently Todd has given a quart of brandy per day without any cerebro-spinal effects, nor even any odor of the breath. The principal accidents which are liable to occur in the course of the disease are, as before stated, congestion of the lungs, perforation of the intestine, perforation of a blood vessel.

The patients almost always have a cough, dependent on a moderate degree of bronchial catarrh. There is always more or less congestion at the base of the lungs, owing to the feeble circulation, the dorsal decubitus of the patient, the weakened muscular fibres, and shallow breathing which results. It will then be of advantage to have the patient sit up in bed for a while or change his position, in order that by forced inspiration the lungs will become more inflated than otherwise. If the bronchitis is severe, turpentine externally or dry cups should be used. The symptoms of perforation are acute pain accompanied by rigors, a sudden prostration and a very remarkable degree of collapse. This accident makes the prognosis very serious. It is possible to produce a reaction sufficient to set up a fatal peritonitis; nevertheless, as the patient is in a state of collapse and in immediate danger, stimulants and opium are indicated. Opium has a most beneficial effect on the heart, and should at once be given hypodermically to insure a speedy effect. The application of leeches and blisters can do no good.

Blood in the stools, indicating that a blood-vessel has been perforated by one of the ulcerating Peyer's glands, is a grave and serious symptom. Absolute rest and repose should be obtained, and the diarrhea and even the desire to defecate be con-

trolled if possible. Opium is therefore indicated, and should be used to its fullest extent. Styptics, aromatic sulphuric acid, the per-sulphate and per-nitrate of iron, tannic and gallic acid, should be administered per anum.

These do no good by the mouth, as the lesion is situated so far down the intestine. Besides the management of the accidents, therefore, the treatment of typhoid fever requires no other medicines except opium, for the insomnia, and alcohol, as indicated.

EXCISION OF THE TONGUE FOR CANCER:

A Painless and Bloodless Method of Removing That Organ, in Whole or in Part.

BY REUBEN A. VANCE, M.D., CLEVELAND, O.

Professor of Operative Surgery and Clinical Surgery, Medical Department of the University of Wooster; Consulting Surgeon to Charity Hospital; Honorary Member Cincinnati Academy of Medicine, etc.

[Read before North Central Ohio Medical Association, Mansfield, O., March 28, 1883.]

Many different procedures have been devised for the removal of tumors from the tongue, and the excision of more or less of that organ when affected with malignant disease. Cloquet applied ligatures, Chassaignac invented and employed the ecrasuer, Regnoli and afterwards Syme boldly excised with the knife, and Bryant burned out the part with the galvano-cautery. In November, 1877, Mr. Whitehead, of Manchester, removed the whole of the tongue by operating through the mouth with scissors. As long ago as 1850 Mr. Hilton proposed section of the gustatory nerves for the relief of cases of painful cancer of the tongue. In 1861, Mr. Moore suggested a different procedure from that advised by Mr. Hilton, and combined with it in certain cases ligation of the lingual arteries. A patient with extensive ulceration of the tongue of a malignant type, upon whom Hilton's operation had been performed with great but transitory relief, was sent me in 1870, by Dr. Hewitt. Occasional hæmorrhages, which exhausted the patient to a great degree, led us to discuss the propriety of ligating the lingual arteries. The return of pain in the tongue, and the disgusting character of the discharges from the ulcerated surface, induced me to suggest to the patient a more radical procedure. The operation was performed in November, 1870. In tying the lingual arteries, I found I could remove all the enlarged lymphatic glands under the tongue through the wound thus made; this accomplished, the hardened tongue felt so movable that I thought I could extract it through the mouth —so, forcing the mouth open and drawing the tongue out with a tenaculum, I cut loose its inferior and lateral attachments with a bistoury, carrying the incision backwards on a level with the inferior border of the lower jaw, and cutting into the pharynx just in front of the epiglottis. The hemorrhage was very slight, indeed, and the pain excited by cutting out the tongue was less than that produced by ligating the lingual arteries. The absence of pain in operating in the mouth was doubtless due to the fact that although Hilton's operation had been resorted to some weeks previously, yet the gustatory nerves were both cut at the point advised by Moore before excising the tongue. But two ligatures were needed in the mouth. This patient made a good recovery, and survived in comfort until April, 1872, when he died suddenly, shortly after painful lumps in the lower part of the neck denoted a return of the disease. In 1875, and again in 1877, I severed one gustatory nerve and ligated one lingual artery as preliminary steps in operations for the removal of part of one lateral half of the tongue. These patients were physicians; the one operated upon in 1875 still lives and has had no recurrence of the disease. The other died of an acute affection in the latter part of 1880—he also escaped further disease of the tongue. In June, 1878, I adopted Whitehead's process so far as the use of the scissors is concerned, and after cutting the gustatory nerves, ligating the lingual arteries, and removing all diseased lymphatic glands through the opening made to reach the vessels, I operated through the mouth, severing the attachments of the tongue and removing the whole of the organ. This patient was less than forty years of age: one side of the tongue was deeply excavated and the other covered with patches of icthyosis. Microscopical examination of the excised organ revealed the peculiar pearl-like bodies characteristic of epithelioma. This patient died in August, 1879, of what was called pneumonia; the epithelioma did not recur in the mouth, and the patient's condition was improved beyond measure by surgical interference. During the Spring Session of 1879 of the Cincinnati College of Medicine and Surgery, I exhibited to the class a patient of forty-three years of age, with a deep, indurated ulcer on one side of his tongue, a prominent papillomatous growth extending across the back of the organ, while all the upper surface of the tongue in front not occupied by the ulcer was covered with white patches of lingual icthyosis. In this case there were but three indurated lymphatic glands beneath the tongue, and although the mouth was distended to a painful degree by the enlarged organ, yet the latter was free and in good condition for excision. This patient returned to his home in Indiana, and in August, 1879, I went there and operated upon him. An anæsthetic was given, the lingual arteries tied, the enlarged lymphatics excised and the gustatory nerves cut. This was accomplished with the patient recumbent. His position was then changed; he was raised to a sitting posture with the head

well forward, the mouth was held open with corks between the molar teeth, the tongue drawn out, its inferior and lateral attachments clipped with scissors, and then with a series of short cuts the whole organ was loosened, and finally removed, the inferior incision being carried as nearly as possible along the level of the lower border of the under jaw. Not a bleeding point demanded a ligature, all hemorrhage was checked by pressure or torsion. This patient recovered promptly, and Dr. Grove, his physician, wrote me that in a month he was about his farm duties as usual. The disease recurred within three months of the operation, developing in the cicatrix in the mouth, and proved fatal in a few weeks. Since January 1st, 1880, I have operated in two cases of lingual cancer; in one, the anterior free portion of the left half of the tongue was removed—in the other, the whole organ was excised with the scissors; these operations were preceded by ligation of the lingual arteries and section of the gustatory nerves. These patients are still living.

A review of certain facts pertaining to the structure of the tongue, and the symptoms excited by malignant disease, will prepare us for those surgical considerations that will speedily impress even the most superficial observer thrown for any length of time in contact with lingual disease. In the first place there is practically no communication between the arterial twigs that convey blood to the two sides of the tongue—consequently an incision through the center of that organ (could we be accurate enough to strike that line and diverge neither to the right nor to the left) would miss all the important vessels. It is important to know that the surgeon can, by cutting near to this septum, avoid opening the blood-vessels of the opposite half of the tongue. Thus, should he have disease limited to a part of one side, he can cut from the point near to the septum, making his incisions along the diseased side until he has split the tongue to a point beyond the region of disease; a lateral incision will then completely free the latter, and enable him to remove all of the affected part without sacrificing the whole of the tongue. In every one of the foregoing cases—in every patient with malignant disease of the tongue that has fallen under my eye—the lingual affection has been preceded by local irritation. Furthermore, after the lesion has assumed a malignant character, there has been a comparatively long period of latency. In my judgment this quiescent interval is the golden moment for surgical interference. In view of these facts—the origin of the disease in local irritation, the value of early operations and the anatomical advantages of partial excisions—I hold it to be the duty of every medical man thrown in contact with these cases to point out to such patients the inevitable results of continued irritation, the advantages of early operations and the fatal tendencies of delay. The tongue, the most movable of all our organs in health, when the seat of malignant disease provokes unbearable pain upon the slightest motion—the pain running to the ear and radiating over the head—is not the only source of suffering; profuse salivation by saturating everything in the neighborhood causes no little distress. It was to relieve the discomfort attendant upon this disease that Hilton proposed severing the gustatory nerves—a very satisfactory procedure even in the originator's hands, but one greatly improved by Moore some years subsequently. By dividing the gustatory nerve according to either plan, no sensation can be conveyed from tumor to brain, no reflected irritation reach the branches of the fifth nerve, and no stimulus to increased secretion be sent the salivary glands. Hilton sought the nerve in the floor of the mouth; Moore divided it just behind the last molar tooth, at a point where it escapes from the cover of the internal pterygoid muscle and is invested by the mucous membrane only. Moore combined ligation of the corresponding lingual artery with section of the gustatory nerve. I would urge this procedure of Moore as an invaluable preliminary step in either partial or complete excisions of the tongue. If the disease be limited to one lateral half of the organ, but one nerve and one artery need be operated upon; then the excision of the corresponding segment of the tongue, carrying the incisions far back so as to include all the area of disease, can be accomplished with so little hæmorrhage and such slight pain that neither surgeon nor patient will feel the loss of the otherwise indispensable anæsthetic. If the tongue be implicated to a marked degree, it will be best to at once excise the whole organ; in this case both lingual arteries should be tied and both gustatory nerves divided before touching the tongue. Whitehead has shown us how valuable the scissors become in excisions of this organ according to his plan, and I must say that they seem to me to be invaluable in all operative procedures in deep cavities I find that in many cases all the enlarged lymphatic glands may be extracted through the incisions made to reach the lingual arteries, and that in a few instances I have removed these glands thoroughly without communicating with the parts subsequently severed by the incisions made in cutting out the tongue.

*MOLLUSCUM FIBROSUM.**

BY DR. ROUSSEL, OF THE NAVY.

A patient was admitted into the Naval Hospital of Brest on December 16, 1882, who was affected by

*Gazette Médicale de Nantes, March 9, 1883.

a peculiar and rather uncommon disease. Although the subject of some study during the past few years it seems to me that a sketch of its principal features would not prove uninteresting.

The patient, Yoes Le Moal, aged 24, is a sailor, and asked admission in the hospital for the treatment of a light attack of acute bronchitis, which disappeared in a few days under appropriate treatment. This illness has no connection whatever with the skin disease he has, and which consists of tumors of different sizes, covering a large surface of the body.

Although the diagnosis of molluscum fibrosum may be made very readily from the general character of the morbid products, their etiology is very obscure.

The patient has a strong constitution, and his family history is without blemish. He has never had syphilis. The most searching examination of his organs and their functions does not lead to the discovery of the trace of any diathesis which might be called upon as a pathological cause of his trouble. The only disease he ever had previously is variola, at the age of 11.

In 1879, whilst in the Indian Sea, he saw lumps appear at different points of the skin, some of which enlarged rapidly. In the space of about four months they completed their evolution, and since that time no new crop has appeared to increase them in number or size.

These tumors occupy nearly the whole surface of the body, but in an irregular manner. Upon the trunk they are confluent, particularly upon the anterior aspect, more discreet upon the arms and thighs, and still more so upon the forearms and legs. The hands and feet, as also the head, are entirely free.

Their volume is variable. Upon the thorax they present the appearance of being sown similar to split peas and giving an undulating aspect to the skin. Some, however, are as large as a hazel nut. Upon the abdomen the size and general appearance is about the same. Upon the left nates, near the internatal fissure, there are two of the size of a walnut. Upon the limbs they are less numerous but larger; some are as large as a hazel nut, but the majority do not exceed that of a pea.

The consistence differs according to the volume. Those which are most developed are soft, doughy, and give a sensation of false fluctuation. It seems as if a cyst were felt, and one in which the membrane is stretched. The smallest, or those like a split pea, offer a certain resistance, cannot be depressed, and even under a considerable pressure preserve their morphologlcal characteristics. Some, holding a middling place in regard to volume, have mixed qualities; the periphery is depressible and yielding; whereas, at the center, there seems to be a hard and rounded nucleus, which can be rolled under the finger.

These tumors are all sessile, and the term molluscum pendulum is not applicable to any of them. The form is round and flattened, the base being large in proportion to the height. The smallest make one mass with the deeper parts of the derma. Those, on the other hand, which have attained a certain size are easily movable, and adherent by a tissue which exerts less resistance to the skin. The skin covering them preserves its normal color and thickness, except over the largest, where the integument is thinner, violaceous and entirely smooth. Puncture only elicits a drop of blood, despite pressure exerted upon the tissues.

Upon splitting one of these tumors in two, there is seen upon section fibrous bundles, having a rather open texture, separating it from the deeper portions of the derma. They circumscribe areolæ filled with looser connective tissue, which rises a little above the cut surface and permit, through pressure, a yellow serous liquid to ooze out.

The microscopical examination made by M. Vaillant brings into prominence the fibres and the fibrocells of the connective tissue. They have very little vascularity and cross each other in all directions. They cross spaces of various dimensions containing round and oval cells with large nuclei, which refract strongly and are colored red by the picro-carminate of ammonia, showing all the characteristics of young connective tissue cells. Ether does not reveal the presence of fat cells, and no trace of sebaceous glands or hair follicles are found in the preparation, these latter having doubtless disappeared from the pressure of the connective tissue elements in the course of proliferation.

According to the above description, these neoplasms have all the microscopic and histological characteristics which Ranvier attributes to fasciculated fibroma, to which he approaches molluscum simplex. Composed of connective tissue in different stages of development, these tumors owe a part of their physical character to the serum existing between the connecting elements. This liquid increases as the tumor enlarges, and gives to those arrived at maturity a softness which is entirely wanting in the smaller ones. Rindfleisch has given us the best explanation of their formation. As the connective tissue fibres go through their evolution they condense and compress the blood-vessels to which they serve as a support. This compression determines a mechanical œdema in the less resisting parts, that is, in the areolæ filled with cells. This hypothesis accounts for the hardness of the small tumors almost entirely composed of yellow fibrous tissue, which has not undergone retraction.

This affection is very different, in all respects, from molluscum sebaceum, described under various

names borrowed from certain peculiarities of texture, and which is nothing more than a cystic dilatation of the hair follicle. These tumors contain various elements, derived from the retention of sebum, or from the proliferation of the epithelial cells lining the interior of the follicle. At all events, the pathogenetic cause is the same, and the name of molluscum folliculare proposed by M. Michel is preferable to all others, which only express certain forms of these cysts. Their contagiousness, to which Bateman has called attention, has been confirmed several times since, although inoculations have always given negative results. It is, nevertheless, proven that, under certain circumstances as yet unknown, immediate contagion has been observed.

The pathological anatomy of these cystic tumors does not permit us to confound them with the lumps of molluscum fibrosum, and a histological examination would suffice, in doubtful cases, to establish a differential diagnosis. Generally it is not necessary to have recourse to this method of examination; the tumors of the former are generally less voluminous, less consistent and have a small black point—the dilated orifice of the sebaceous follicle. Pressure forces out a more or less altered sebum.

Other cutaneous tumors may, in certain stages of their evolution, be confounded with molluscum fibrosum. These are: 1. Subcutaneous lipomas, which sometimes have the same look, consistency and volume, but are less numerous and develop more slowly. In case of doubt a histological examination will determine their true nature. 2. Aleppo or Biskrabouton, endemic in Northern Africa, Western Asia and India. This affection, often represented by only one papule, is in other cases evidenced by a large number of tubercles of the size of a pea or bean, situated in the thickness of the skin and followed by ulcerations after a period of ten or twelve months. Their clinical evolution, their sites of predilection upon exposed parts of the body, their probably parasitic nature, and the geographical distribution of the disease serve as the basis of a differential diagnosis. 3. Yaws or frambœsia, whose various names indicate the number of countries in which it has been observed, belongs to the class of syphilides. It is recognized by its tubercles of a red color, which ulcerate promptly, are muriform, similar to a raspberry, allowing an inodorous and fetid liquid to exude. 4. Verruga, whose histological texture, according to Renand and Cornil, has the greatest resemblance to that of molluscum fibrosum, is an endemic disease in a certain region of Peru, bounded by the seventy-fifth and eighty-first degrees of longitude West, and the ninth and sixteenth degrees of latitude South. It is easily distinguished from the affections mentioned above by its febrile commencement, followed by an eruptive stage. This eruption is composed of sessile or pediculated tubercles, varying in volume from the size of a hazelnut to that of a hen's egg, and occupying in more or less considerable numbers different parts of the body, and disappearing slowly by resolution, suppuration or the spontaneous separation of the tumors.

The etiology of molluscum fibrosum is about unknown. Poverty and malarial conditions have been said to exert some influence, but these assertions are based upon too small a number of cases to be admitted as scientific facts. Murray has brought in consanguinity, but the case upon which he bases his opinion is a unique one and differs in some important symptoms from the clinical picture of the disease. In our present state of knowledge, it is better to acknowledge our complete ignorance of the causes generating these connective tissue products.

The prognosis is not grave. These tumors generally bring on a simple deformity, which requires no treatment. All internal medication has proven fruitless. When they acquire such dimensions as to become a source of inconvenience, there is no trouble in removing them. These excisions, performed a large number of times, have never been followed by returns, and have exerted no influence whatever upon the development of the non-operated tumors.

SOCIETY PROCEEDINGS

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, April 7, 1883.

The Vice-President, Dr. Dudley, in the chair.

DR. HURT presented a fœtus from a III-para, aged twenty-eight and in the third month of gestation. On the third day after the abortion, he introduced a uterine sound, caught the fœtal sac upon it and extracted it. No further trouble was experienced. Dr. H. also presented a placenta and cord, from a woman who had flooded greatly during parturition. The placenta was partly adherent anteriorly, and upon making traction upon the cord it separated. The placenta was delivered, but the woman had lost so much blood that considerable stimulation was necessary. The placenta and cord appear degenerated and not healthy in general.

DR. DEAN presented a specimen illustrative of diaphragmatic hernia. The patient was a negro, who complained of pain in the descending colon and over the pit of the stomach, which was partly relieved by pressure. He regurgitated whatever he swallowed, not vomiting, however. He had extreme thirst, which was noticed more particularly near the end. He died the day after his admission.

Upon section the spleen was found drawn up to the diaphragm, the cardiac portion of the stomach was pushed through an opening about one and one-half inches in diameter and strangulated. A knuckle of the colon was also involved. The lining of the stomach was black with coagulated blood. The thorax was found to contain about fifty ounces of blood, and there was discovered a small opening in the stomach. The opening was probably congenital, as it was covered by peritoneum. Dr. D. has only seen one other case similar to this one, in which the hernia included the splenic flexure of the colon. As very little could be learned and everything given was rejected, and no diagnosis was made, there was little or no treatment.

Dr. Lutz remarked that it was easy to tell what should have been done after a post-mortem examination has been made. He thought that in this case the hand might have been introduced into the rectum to draw down the splenic flexure of the colon. The many obstacles in the case which was reported could be appreciated, however.

Dr. Stevens stated that he reported a somewhat similar case to the Society in 1880, in which the patient lived a year and died from some other cause. In this case the hernia was caused by a traumatism. Dr. Tyson has lately reported a case of hernia through the œsophageal opening, to the Philadelphia Pathological Society.

Dr. Bernays regarded the specimen as interesting and unique. The case he thought was undoubtedly traumatic and not congenital. In the diaphragm there is a part where there is neither tendon nor muscle, where the pleura and peritoneum come together—Larrey's foramen. This is a favorite site for diaphragmatic herniæ to occur. Dr. B's theory is that the man, by some severe exertion, forced some of the viscera through this place into the thorax, rupturing the membrane, which would also account for the blood extravasated. In regard to the intense thirst, it merely indicates an obstruction of the œsophageal opening of the stomach from any cause whatever.

Dr. Johnston thought it more probable that there existed either syphilitic or atheromatous degeneration of the diaphragm.

Dr. Dean wished to state that when he said congenital, he referred to Larrey's opening; although, sometimes, there is an actual opening. In this case the knuckle of colon was very small. He doubted, even if the hand could be introduced in the rectum, if the colon could have been drawn down without injuring other parts, or if the stomach could have been brought down. Even an opening into the abdomen would not have permitted this. He believed the hemorrhage to have been from the stomach. Dr. Hurt's first case he considered rare; generally the embryo is accompanied by its membranes. He had a specimen of a five-months' fœtus from a case in which the chorion came two weeks later.

Dr. Johnston thought that there never need be any fear entertained about an abortion. Unless there be excessive hemorrhage, it is best to leave the woman alone. If the chorion does not come in a few hours, let it alone.

MILWAUKEE COUNTY MEDICAL SOCIETY.

Regular meeting, April 3, 1883.

Dr. Wm. Fox, President, in the Chair.

Minutes of the last meeting read and approved.

Owing to the absence of the essayists for the evening, the time usually devoted to listening to the papers was devoted to reports of cases and general discussion.

Dr. H. M. Brown reported a case of opium poisoning. The amount taken was 36 grains; and the patient was seen one and one-half hours after taking the drug. The pupils were contracted to a pin's point; respiration six per minute; pulse twenty-four; hands and feet cold. Twenty-five grains zinc sulph. with thirty grains pulv. ipecac were given, and emesis produced in twelve minutes after taking. The induced current was applied and during its use three-fourths of a grain of atropiæ sulph. were given in nine hypodermic injections during the course of one and one-half hours. Ten minutes after administration of last dose of atropia the pulse rose to sixty per minute, respirations to sixteen, and the hands and feet and general surface became flushed; the pupils dilated far beyond their normal size. The pulse and respirations remaining at this point the patient was allowed to sleep after twenty minutes, and slept through the remainder of the night, arising in the morning without any disagreeable sensations, except a slight lack of accommodation.

Dr. Brown raised the question, as to what the society would think a safe interval after dilation of the pupil in such cases to allow the patient to sleep.

Dr. Robbins reported a case treated similarly in which the respirations were reduced in number to three and four per minute. The patient recovered from the immediate effects of both poisons, but died after twenty-four hours, apparently from œdema of the lungs.

Dr. Senn reported two cases of opium poisoning, both being safely brought out from the immediate influence of the drug, but both dying within forty-eight hours of pneumonia. He thought the pneumonia was caused by the extreme congestion of the lungs from the opium. He spoke very highly of the use of the induced current in the treatment of these cases, and, apropos of the present discussion among authorities, considered

atropia as surely the proper antidote to opium. He thought Dr. Robbins' case of reduced respiration very unusual.

Dr. HAWLEY thought that an excessive current of electricity, particularly the primary, was conducive to the production of local congestions, and possibly productive of the pneumonic condition.

Dr. OGDEN called the attention of the society to the statement of Fothergill, that he had at once injected one grain of atropia without bad results.

Dr. J. K. BARTLETT thought it was safe to allow the patient to sleep when the effects of the opium were sufficiently counteracted so that the pulse and respiration remained at their normal number, but still thought the patient would need careful watching.

Dr. HAWLEY asked to be informed of the largest known dose taken by anyone, whether an opium habitué or not, stating that he had a patient who took sixty grains daily.

Dr. BARTLETT stated that Des Quincy and Coleridge each took one pint of laudanum daily.

Dr. ROBBINS mentioned the good results from dashing cold water from a height on the epigastrium of patients in opium coma.

Dr. BROWN reported case of spastic structure of the œsophagus with hyperkinesis, occurring in a woman sixty years of age, the nucleus of irritation being a small ulcer on the under surface of the epiglottis.

Dr. J. K. BARTLETT thought the case an hysterical one, and believed anti-spasmodics, as assafœtida, would prove curative.

Dr. SENN reported case of fibroma occurring at the juncture of the nose with the forehead, at a point where there had previously been a nævus in a child fifteen months old. The nævus had been removed by ligation, and the fibroma had appeared shortly after, growing under the cicatrix, and reaching the size of a walnut. He removed the tumor, and the little patient was doing very well. He believed the tumor, although in its incipient stages, to have been synchronous with the nævus, and had derived a stimulus for growth from the operation on the vascular tumor.

Society adjourned to meet again April 17th, 1883.

H. M. BROWN, Sec'y.

CORRESPONDENCE.

Houston, Tex., April 7, 1883.

Editor WEEKLY MEDICAL REVIEW:

In looking over a lot of old note books a few days since, I came across some memoranda of what appeared to me at the time as rather a remarkable series of cases, which I send you for publication, should you find it sufficiently interesting to merit a place in your journal. Twenty-one cases of idiopathic tetanus, occurring within a period of twelve days—all proving fatal. My notes of the cases are somewhat indistinct at this time, the memoranda having been made in 1863, on very inferior paper. I find it difficult to decipher them entire. But a reference to them refreshes my memory to such a degee, that with what I am able to gather from the notes I present you the following statement: In November of 1863 I was stationed on Matagorda Island as Post Surgeon. There was at that time about five or six hundred negroes employed in constructing fortifications and defences on the Island. Measles prevailed in the Garrison, and some sixty or eighty of these negroes were down with the disease, when we were compelled to evacuate the fortification. This occurred in the latter part of November, 1863, the troops moving out at midnight during the prevalence of one of the coldest wet northers ever experienced on the coast of Texas. The sick were moved on ambulances, on stretchers, and by whatever mode of conveyance that came handy; but our transportation being very limited, many were compelled to walk, making their way to the next station, as best they could. Dysentery and pneumonia supervening in many cases had complicated the primary disease seriously, and many had died, there being still a large number in hospital in a precarious condition suffering from these diseases. Such was our condition when the order for moving out came. The exposure incident to the evacuation and moving of the sick had increased the distressing complications, and rendered the cases more intractable to treatment than ever. Several died on the road, the majority of the sick being exposed from twelve to fifteen hours before shelter could be reached. On the second day after our arrival at Indianola. one of the men complained of stiffness of the jaw, and difficulty in deglutition, accompanied by rigidity and slight drawing, as he called it, of the dorsal muscles; in other words, there was slight opisthotonos. In two hours there were decided convulsions, the posterior muscles of the body acting so violently that the patient now rested on his head and sacrum, forming the arc of a circle. Hot baths were ordered and enemata of laudanum given without benefit, the symptoms becoming more distressing and alarming each moment. Chloroform was given, controlling to a large extent the paroxysms of spasms. Twenty-eight hours from the appearance of the first symptoms, the man was dead. A careful examination of his body had failed to show any wounds, scratches or abrasions which could have accounted for the symptoms. The cause of death in this case was entered on the hospital records as idiopathic tetanus, the result of exposure to cold in a weak and debili-

tated condition. In the next two days five other cases occurred, the symptoms being alike in all, running a similar course and terminating fatally, in about thirty hours from the appearance of the first symptoms. About this time (December 1st) we were compelled to make another move; two men died on the road during the day—I did not learn the immediate cause of their death. There was no further development of the disease until the 5th of December, when eight sick in hospital at Victoria showed symptoms of the disease. Three hours after complaint was made about difficulty in swallowing and stiffness of the jaws. The symptoms became general, the convulsions prolonged, and the paroxysms more frequent until death occurred, the result of apnœa. On the 7th four and on the 8th three more cases occurred, all running a similar course and terminating fatally, notwithstanding the most active and energetic treatment, in from twenty-four to forty-eight hours. Only one case showed any symptoms of improvement, there being an intermission of thirteen hours between the paroxysms of spasms, which was attributed, I think, to the large amount of chloroform exhibited in his case. After this length of time, a single convulsion brought the case to a fatal termination. My colleague, Dr. B.F. Franklin, was inclined to regard the disease as cerebro-spinal meningitis, but the entire absence of all local symptoms which usually distinguish this disease, as cephalagia, delirium and coma, marked the affection as idiopathic tetanus, or tetanus a frigore. Quinine, opium, in all its forms, camphor, cannibus, indica, aconite, chloroform, tobacco, hot baths and counter irritation, were all used, but without avail, chloroform being the only agent capable of controlling the convulsions and ameliorating the symptoms. The patients remained conscious and perfectly rational up to the very moment of dissolution.

Respectfully, your obt. Servt.,

J. W. Daniel.

SELECTIONS.

ANIMALS AS DOCTORS.

M. G. Delaunay, in a recent communication to the Biological Society (Br. Med. Jour.), observed that medicine as practiced by animals is thoroughly empirical, but that the same may be said of that practiced by inferior human races, or, in other words, by the majority of the human species. Animals instinctively choose such food as is best suited to them. M. Delaunay maintains that the human race also shows instinct, and blames medical men for not paying sufficient respect to the likes and dislikes of the patients, which he believes to be a guide that may be depended on. Women are more often hungry than men, and they do not like the same kinds of food; nevertheless, in asylums for aged poor, men and women are put on precisely the same regimen. Infants scarcely weaned are given a diet suitable to adults—meat and wine, which they dislike, and which disagree with them. M. Delaunay investigated this question in the different asylums of Paris, and ascertained that children do not like meat before they are about five years of age. People who like salt, vinegar, etc., ought to be allowed to satisfy their tastes. Lorain always taught that with regard to food people's likings are the best guide. A large number of animals wash themselves and bathe, as elephants, stags, birds and ants. M. Delaunay lays down as a general rule that there is not any species of animal which voluntarily runs the risk of inhaling emanations arising from their own excrement. If we turn our attention to the question of reproduction we shall see that all mammals suckle their young, keep them clean, wean them at the proper time, and educate them; but these maternal instincts are frequently rudimentary in women of civilized nations. In fact, man may take a lesson in hygiene from the lower animals. Animals get rid of their parasites by using dust, mud, clay, etc. Those suffering from fever restrict their diet, keep quiet, seek darkness and airy places, drink water, and sometimes even plunge into it. When a dog has lost its appetite it eats that species of grass known as dog's grass (*chiendent*), which acts as an emetic and purgative. Cats also eat grass. Sheep and cows, when ill, seek out certain herbs. When dogs are constipated they eat fatty substances, such as oil and butter, with avidity, until they are purged. The same thing is observed in horses. An animal suffering from chronic rheumatism always keeps, as far as possible, in the sun. The warrior-ants have regularly-organized ambulances. Latreille cut the antennæ of an ant, and other ants came and covered the wounded part with a transparent fluid secreted in their mouths. If a chimpanzee be wounded, he stops the bleeding by placing its hand on the wound, or dressing it with leaves and grass. When an animal has a wounded leg or arm hanging on, it completes the amputation by means of its teeth. A dog, on being stung in the nozzle by a viper, was observed to plunge its head repeatedly for several days into running water. This animal eventually recovered. A sporting dog was run over by a carriage. During three weeks in winter it remained lying in a brook, where its food was taken to it; the animal recovered. A terrier dog hurt its eye; it remained lying under a counter, avoiding light and heat, although habitually it kept close to the fire. It adopted a general treatment—rest and abstinence from food. The local treatment consisted in licking the upper surface of the

paw, which it applied to the wounded eye, again licking the paw when it became dry. Cats also, when hurt, treat themselves by this simple method of continuous irrigation. M. Delaunay cites the case of a cat which remained for some time lying on the bank of a river; also that of another cat which had the singular fortitude to remain for forty-eight hours under a jet of cold water. Animals suffering from traumatic fever treat themselves by the continued application of cold water, which M. Delaunay considers to be more certain than any of the other methods. In view of these interesting facts, we are, he thinks, forced to admit that hygiene and therapeutics, as practiced by animals, may, in the interests of psychology, be studied with advantage. He could go even further and say that veterinary medicine, and, perhaps, human medicine, could gather from them some useful indications, precisely because they are prompted by instincts which are efficacious in the preservation or the restoration of health.

A Man, apparently in Perfect Health, was suddenly attacked with severe pains in the chest and extreme anxiety and difficulty of respiration, which, after thirty hours, terminated in death (Med. and Surg. Rep.). Dr. Arro, who reports the case in the Rivesta de Ciencias Med., December 10th, 1882, found at the autopsy a rent in the pulmonary artery, from which a large amount of blood has escaped into the chest.

In a letter to the "Lancet," Mr. V. G. Webb states that some five years ago, having ordered full doses of hydrocyanic acid to allay vomiting for a patient with diphtheria, he found the next day that the percentage of albumin in the urine was reduced one half; also that he has lately found the drug equally beneficial in scarlatinal nephritis.

The Innominate Artery was ligated by Mr. Mitchell Banks (London Lancet) at the Liverpool Royal Infirmary on the 28th of Feb. for aneurism of the second portion of the subclavian. A ligature was also placed on the common carotid. Kangaroo tendons were used with strict antiseptic precautions. The patient recovered rapidly from the operation, and left the infirmary with his aneurism much improved.

The Mississippi Valley Medical Monthly, published at Memphis, has shown commendable enterprise in getting out an excellent little map of Memphis, showing in red lines a diagram of the new sewer system of that city. Though new and not yet fairly tried, the system seems to be an excellent one, and, as past experience has shown, the city evidently was desperately in need of something of the kind.

Errata.—On page 233 in our last issue bottom line of first column, for emphysema read empyema; second column, third line from top, for all of eucalyptus, read oil of eucalyptus; same column, 2d article, eighth line, for 14° F. read 104° F.

THE ARMY.

Official List of Changes of Stations and Duties of Officers of the Medical Department U. S. Marine Hospital Service, from January 1st, 1883, to March 31st, 1883.

Bailhache, P. H., Surgeon: detailed as member of Board for the examination of officers of the Revenue Marine Service, March 27, 1883.

Murray, R. D., Surgeon: to proceed to Vicksburg, Miss., as inspector, March 24, 1883.

Purviance, George, Surgeon: to proceed to Cleveland, Ohio, to investigate management of hospital, January 22, 1883. Granted leave of absence for seven days, February 8, 1883.

Austin, H. W., Surgeon: to proceed to Gallipolis, Ohio, as inspector, Janaary 9, 1883.

Fisher, J. C., Passed Assistant Surgeon: detailed as member of Board for the examination of officers of the Revenue Marine Service, March 17, 1883.

Carter, H. R., Passed Assistant Surgeon: to proceed to New Orleans, La., for temporary duty, thence to San Francisco, Cal., for duty, February 7th, 1883.

Porter, F. D., Passed Assistant Surgeon: granted leave of absence for thirty days, February 10, 1883.

Guiteras, John, Assistant Surgeon: granted leave of absence for thirty days, January 19, 1883.

Wheeler, W. A., Assistant Surgeon: to proceed to Chicago, Ill., for duty, January 27, 1883.

Armstrong, S. T., Assistant Surgeon: to proceed to Key West, Florida, for temporary duty, February 1, 1883.

Bennett, P. H., Assistant Surgeon: to proceed to Charleston, S. C., for temporary duty, February 19, 1883.

Resignation.

Porter, F. D., Passed Assistant Surgeon: resignation accepted, to take effect March 31, 1883. February 10, 1883.

THE WEEKLY MEDICAL REVIEW.

VOL. VII. No. 14. CHICAGO AND ST. LOUIS, APRIL 21, 1883. TERMS: $3.00 A YEAR.

THE TENNESSEE STATE MEDICAL SOCIETY met in Nashville on the 10th inst., Dr. W. F. Glenn, the president, delivering the annual address, and choosing for his subject the question, "Is Man Immortal?" The secretary submitted his report, and also read a paper upon "Registration laws and vital Statistics." Dr. J. S. Nowlin read a paper on vaccination and small-pox, in which he says: From the history of vaccination in the beginning until now I deduct thee three propositions: 1. Vaccination has reduced the number of epidemics. 2. It has modified the malignity and greatly reduced the mortality. 3. Statistics show that variola itself exhausts the susceptibility to its virus in ninety-nine per cent., and a second or third attack will exhaust the remaining one per cent. So, also, the statistics show that the protective influence of vaccination may reach a point approximating absolute protection from small-pox. He holds that it is sometimes hard to impress an infant, but when the operation is done with perfect vaccine virus, with the child in perfect health, by a patient and careful insertion at two points, with the daily attention of a competent physician up to the fifteenth day, it may approximate absolute protection. A most interesting paper containing many interesting reminiscences of the early history of the society was read by Dr. Thomas Lipscomb. A paper on femoral hernia was read by Dr. A. B. Tadlock, the subject being treated in an able and scientific manner. Papers were also presented by Dr. J. W. Davis on a case of induced delivery, and by Dr. W. D. Haggard on ovarian disease. The customary resolutions of thanks were adopted, and the society adjourned to meet next year in Chattanooga.

IN A PAPER on the "Regulation and Repression of Prostitution," readbefore the New York Academy of Medicine, Dr. F. R. Sturgis said (Medical Times), that his own observation and that of his professional brethren went to show that syphilis among the well-to-do classes was increasing every day. With regard to the evil as it existed in New York, he estimated, from the Parisian statistics and those given by Sanger, that there were in New York to-day about eleven thousand women who were either public prostitutes or clandestine women. It was estimated that the number of persons in the city treated annually for venereal diseases in both private and public practice was about sixty thousand, of which number probably forty-five thousand suffered from syphilis in some of its manifestations. It was also an important fact to be borne in mind, that it was not the women who had plied their vocation for years who were most likely to communicate syphilis in its active forms, but rather the younger women, who had the beauty and attractions of youth, and were therefore patronized by the well-to-do classes.

IN A RECENT EDITORIAL concerning Smartweed as an emenagogue, in the Medical News, it is stated that the drug (whose botanical name is polygonum hydropiperoides) is indicated in states of anæmia, functional torpor of the ovaries and uterus due to systematic depression, and is contra-indicated in the condition of plethora. Its power to stimulate the uterine circulation renders it useful in menorrhagia, and in metrorrhagia due to relaxation of the uterine vessels. Subinvolution of the passive kind with a sluggish circution, cold hands and feet, and general depression, are also benefited by this remedy. The best form for administration is the fluid extract in five to thirty minim doses, mixed with glycerine and wine, three or four times a day.

The Chicago Dental Infirmary, a recently chartered institution, has been fairly started in its quarters, at 24 and 26 Adams Street. As will be seen below its aim is high, its objects the best, its faculty composed of well-known names, and, we venture to predict, its future a bright one. From its prospectus we quote the following:

"We believe that the time has come when the practitioner of dental surgery should be a fully qualified medical man; that he should be on an equality with other medical specialists. In order to establish a closer relationship between the members of our specialty and the general practitioner, we solicit the attendance of graduates in medicine, from any reputable medical college, whose diplomas are recognized by the Illinois State Board of Health, upon our course of instruction, believing that they can acquire in this institution that special knowledge of dentistry, both theoretical and practical, which will fit them for the successful practice of their chosen avocation. It is the plan of the Infirmary to confer the degree of Doctor of Dental Surgery only upon such persons as hold a degree in medicine, from such colleges as are recognized by the Illinois State Board of Health. Attendance upon two full courses of instruction in some reputable college or infirmary, the last of which must be in this institution, will entitle the candidate to final examination. Matriculates intending to take the degree of Doctor of Dental Surgery must hold a degree in medicine, or be pursuing studies to that end in some reputable medical college. The regular session of the Infirmary will open on Monday, March 12th, 1883, after the close of the medical colleges of Chicago, and continue twenty weeks, closing July 31st, thus giving students the opportunity to pursue their dental education between the sessions.

Faculty.—W. W. Allport, M.D., D.D.S., Professor Dental Pathology and Therapeutics. George H. Cushing, D.D.S., Professor Principiles and Practice Dental Surgery. L. P. Haskell, Professor Prosthetic Dentistry and Oral Deformities.

Lecturers.—J. S. Marshall, M.D., Adjunct Professor of Dental Pathology and Therapeutics. Edmund Noyes, Materia Medica. A. W. Hoyt, D.D.S., Dental Histology and Physiology. P. J. Kester, D.D.S., Chemistry. R. H. Kimball, D.D.S., Dental Anatomy. J. N. Crouse, D.D.S., Oral Deformities. E. D. Swain, Demonstrator of Minute Anatomy of Tissues of the Mouth. A. W. Hoyt, D.D.S., Demonstrator of Operative Dentistry. Prof. Haskell, Demonstrator of Prosthetic Dentistry—special attention given to Continuous Gum Work. The Secretary is Dr. T. W. Brophy, 125 State St.

A Case of Syphilitic Keratitis has been observed by M. A. Denarié, an interne of Lyons. Although this affection is admitted by some authors and denied by others, syphilis of the cornea remains yet an obscure point in ophthalmology. The Revue Medicale thus sums up the author's conclusions upon this subject: Acquired syphilis may produce lesions of the cornea, which may manifest themselves as gummata. These latter have a preference to locate near the posterior aspect of the membrane and make themselves apparent by the following signs: corneal infiltration more or less extensive, presenting at its center an opaque spot formed by plastic deposit, whitish, thick and simulating an abscess; this lesion is preceded and accompanied by inflammation, manifesting itself in photophobia, lachrymation, orbital and peri-orbital pains of a dull character and a moderate reaction upon the iris. The treatment, which is successful, is antisyphilitic.

Quinine is the only new thing under the sun that seems to be good for everything (Quinologist). The last number of our excellent Vienna exchange, the Pharmaceutische Post, states that Prof. Wiesenthal employs the hydrochlorate or sulphate of quinine for the purpose of removing or masking the smell of musk. He states that a small amount of quinine suffices to completely mask the odor of musk, and says that a few drops of acidulated water poured upon the hands, and a few grains of quinine added, will at once remove any odor of musk that may be on them.

We note another fatal result from the "Faith-cure." A man in Lawrence, Mass., had long been a sufferer from asthma. He placed himself under the care of Miss Anna Morse, a professional "restorer of health by faith," and Saturday evening she was sent for at his request. She arrived about 8 o'clock and requested that all the members of the family should retire from the sick chamber, and she was left with her patient alone. All that could be discovered of her mode of treatment was that she took a seat beside the sufferer and gazed intently into his face. Occasionally she would stand up and insist upon his ceasing to labor so much in trying to obtain breath, exclaiming, "Come, Mr. Howarth, we have had enough of this." Shortly after 10 o'clock she stated to the inmates that they need have no fear of her ultimately affording him relief and restoration to health, and they might retire to rest. She continued her administration of the mystic remedy until about 1 o'clock in the morning, when it was evident to the patient himself that he was growing worse and more enfeebled. Mr. Howarth now seemingly began to lose confidence in the "faith cure," as he demanded the presence of a regular physician, and Dr. Talbot was summoned. Upon his entrance Miss Morse abandoned the case, and left the premises without meeting or holding any consultation with the doctor. The physician administered some pills, but, as he stated, with but little hope of their effecting any favorable result. The patient gradually continued to sink, and in half an hour after the "faith curer" had departed Mr. Howarth fell over on the chair and died. Dr. Talbot said the patient died from exhaustion caused by the protracted agony in which the woman had kept him for over five hours. Had a competent physician been called instead of Miss Morse, and proper remedies administered, he had no doubt the man's life could have been saved.

Kummell, who has done so much to advocate bichloride of mercury as an antiseptic for surgical purposes, lays down the following as the proper treatment of bubo (Centrlblt. f. Chir., No. 52, 1882): He extirpates the whole group of glands, and not merely the affected one. After their removal the wound is carefully dried and drainage tubes inserted into the deeper sinuses, if necessary. The edges of the wound are then stitched together, save the openings for drainage. The parts are then dressed with pads of gauze soaked in a bichloride solution, or with ash bags similarly prepared. Firm pressure is made by suitable bandages and the wound not disturbed for a week or more. Flexion of the thigh and consequent disturbance of the dressings is avoided by a short splint. If an ulcer has already formed, the infiltrated parts are scraped away and the cavity filled with sand wet in the solution and covered with gauze, as before. Most excellent results are claimed for this treatment, which indeed has the recommendation of being in accordance with common sense. The solutions may be of the strength of 1-10 of 1 per cent, or even weaker.

At a Recent Meeting of the Sheffield Med. Chirurg. Society, Mr. Gubbins exhibited specimens showing complete absence of left kidney, left supra-renal capsule, ureter, and a rudimentary condition of the left lobe of the liver. During the discussion the statistics collected by Dr. Brenner (Virchow's Archiv., 1878), were quoted. He had collected records of forty-eight cases of congenital absence of one kidney, but only in five of these was the supra-renal capsule absent. Brenner had also stated that in one-third of his series of cases there was some malformation or arrest of development of some other organ, or especially of some one or more of the genital organs.

In Discussing the cutaneous manifestations of malaria, Verneuil and Merklen (Ann. de Derm. et de Syph., Nov. 25, 1882) take the ground that while we may admit the existence of malarial eruptions, and may call them "paludides" if we please, we must not rank them as anywhere nearly of equal importance with the "scrofulides" or "syphilides." Indeed any attempt to erect them into a well-defined group would carry us too far. The eruptions

due to malaria differ in no respect from those due to other causes, and are only connected with it by their occurrence during the febrile paroxysm. They should be proved to be direct results of malaria, and they should be distinguished by unequivocal signs of specificity. Herpes being the most frequent manifestation of malaria, the authors sum up their conclusions thus:—1. Herpes may precede the paroxysms of intermittent, may develop during the same, or may follow the sweating stage; or even develop after the disease has been well suppressed with quinine. Therefore the causal relation between the fever and the eruption is difficult to make out. 2. Malarial herpes exhibits no pathogenetic characteristics. It appears by preference on the lips, nostrils, eyelids, cornea and other parts most freely supplied with nerves. Usually the eruption is discrete, but in some epidemics has been confluent. 3. The presence of black crusts or vesicles indicates a grave and pernicious malarial attack. 4. Sometimes it occurs as a zona. 5. It may be attended with vaso-motor or sensory disturbances in the spot attacked. Its usual features warrant us in assuming that its origin is in a nervous lesion—perhaps a congestion of cutaneous branches caused by the malarial poisoning having become localized.

In 1878 Mr. Richard Davy, of London, proposed to control the circulation of the limb before amputation at the hip-joint by a rod passed up the rectum and, with the perineum as a fulcrum, and the external part of the rod as a handle, making pressure up the common iliac trunk by pressing it against subjacent tissues. The method had been adopted in some twenty-two reported cases, with good results. Recently Dr. Weir reported to the New York Practitioners Society the twenty-third case. The hæmorrhage did not amount to more than five tablespoonfuls. The exarticulation was necessitated on account of tumor of the thigh. In seven of the cases reported there had been only a total of seven ounces of blood lost. One accident had happened to Mr. Davy himself twenty-four hours after one of the amputations by this method peritonitis set in, due to perforation of the rectum by the rod. With regard to operative methods, the plan of Furneaux Jordan was discussed,—he having suggested that one should cut low down and simply dissect the bone out of its bed, leaving as great a length of soft parts as possible. Mortality is thereby diminished, and the resulting stump is good. In the region compressed by the rod is the ureter, and Dr. Weir thought that instead of following Dr. Sands' plan of testing the urine obtained from one kidney, by compressing the ureter of the other with a hand in the rectum, the rectal rod might be used for the same purpose, only using one whose end had been flattened and broadened.

The Algiers Journal of Medicine and Pharmacy publishes a paper by MM. Puga-Borne and Cannon, of Valparaiso (Canada Pract.), on the post mortem movements of the cadaver of a woman which had been the subject of medico-legal inquiry.

The movements observed after death are as follows: 1. Microscopic—Brownian, vibratile; the former independent of life, the latter persisting thirty hours after death. 2. Movements due to cadaveric rigidity, produced by hardening of muscles; flexion of thumb on palm of hand, elevation of lower jaw. 3. Movements of elastic tissue, such as retraction of arterial walls. 4. Movements by spontaneous contraction of muscles of organic life, such as defecation and micturition. 5. Movements of the heart. 6. Movements by spontaneous contraction of muscles of the life of relation, such as muscular palpitations by irritation of muscular fibres by contact with air. 7. Spontaneous movements of the limbs in choleraics. Instance the example of the Indian soldiers whose legs had to be bound down after death; and the phenomenon which Brown-Séquard witnessed in 1848 at the Hospital Gros Caillon. 8. Movements from direct excitation of muscular fibres; those called idio-muscular. 9. Movements from direct excitation of motor nerves. 10. Movements by direct excitation of sensitive nerves,

such as reflex motions of the heart, digestive passages and secretory ducts.

These movements do not indicate persistence of life as vulgarly believed. The kind of death has a bearing upon the production of these movements.

Rouge, of Lausanne, in 1873 devised a means of thoroughly exploring the nasal cavity by raising the upper lip and cartilaginous portion of the nose, which has proved itself superior to that of Lawrence, devised eleven months before, which consists in dissecting up the nose without the lip. Mr. Lucas, in a recent number of the Lancet, has reported a case of syphilitic ozæna, with consequent necrosis, in which he resorted to Rouge's operation twice. The boy was nineteen years old, and suffered from a very offensive ozæna, while particles of dead bone were at times discharged. An incision was made through the mucous membrane between the lip and gum, and the lip raised. Continuing the dissection, the nostrils were reached, the cartilages separated from the bones, and the nose and upper lip raised together. The posterior nares being plugged, much dead bone was removed with forceps. The patient did well after the operation, but subsequent exfoliation proved that the diseased bone had not been entirely removed. Accordingly on the ninth day the operation was repeated, a large piece of black, offensive bone removed, with several smaller fragments, the lip was again strapped down, and the patient soon discharged, free from all the offensive trouble.

A Mixture of carbolic acid and chloride of lime under the name of tri-chlorinated phenol is described by Dianin in the St. Pet. Med. Wochschft., No. 38, 1882. He claims that: 1. It is twenty-five times more powerful than carbolic acid, as a disinfectant. 2. That in minute proportions it prevents fermentation. 3. That it is a very powerful antiseptic, more so, in fact, than any of those now in use, such as carbolic acid, boracic acid, thymol, etc. 4. That it destroys all noxious vapors effectively, while its own odor may be masked by an admixture of oil of lavender. 5. That in substance it is slightly irritating, but in solution not at all so. 6. That it is of great advantage in treatment of chancres, and in diphtheria.

Prof. Rosenstein states (Centralblatt f. Klin. Med. No. 5, 1882), that Lichtheim has demonstrated that tubercular bacilli occur frequently in the kidneys, but such observations up to this time have not been published in regard to the urine. Bacilli identical with those found in the lungs of phthisical subjects are readily found in the urine according to Ehrlich's method. It is advisable to add thymol to the urine to be examined in order to eliminate other bacteria, as of decomposition, color the preparations twenty-four hours, and after using nitric acid, recolor in methylen blue, as it is preferable to fuchsin.

An Anecdote, related at the expense of the dentists of Berlin, runs thus: A lady called upon one of the above named gentlemen and stated that she desired a tooth extracted with *gas*. The dentist said certainly, and requested her to take a seat, which the patient did. The dentist lit one of the gas-jets of his chandelier and extracted the tooth.

False Croup of reflex origin may ordinarily be relieved, according to Dr. A. A. Smith N. Y. Med. Jour.), by hourly teaspoonful doses of a solution of one one-hundredth of a grain of atropia in a goblet of water. If flushing of the face or dilatation of the pupil indicate the physiological effects of the drug, the dose should be given less frequently.

In the Br. Med. Jour. (Jan. 20, 1883), Dr. Kline reports that thirty married women, nine husbands and two infants were infected with syphilis, directly or indirectly, from a diseased midwife.

The Maryland Medical Journal will appear hereafter as a weekly, and we wish the editors, Drs. Ashby and Cordell, abundant success in the new enterprise.

In an Address to the graduating class of the College of Pharmacy (Med. Annals.) Dr. Huested, of Albany, gave the following piece of advice to the members of the class. We should like to see this copied and pasted on the prescription counter of every drug store in the country: "Between the physician and yourself there exists much the same relation as obtains with architect and master mechanic. As the latter carries out the instructions of the former to the very line, except in rare cases where an error or deviation from the intended plan is plainly evident, so you in the preparation of the physician's prescription should be guided by the letter of the order, hesitating only when your knowledge of agent and effect tells you the instructions were not what were intended. The master mechanic, not knowing all the uses and purposes of the structure he is rearing, is not capable of suggesting changes; so you, equally blind regarding the application of your order, should not offer a change when asked to do so, much less volunteer it. Neither should you take upon yourselves the duty of physician, however much your knowledge of remedies, doses and effects may tempt you. With disease, its diagnosis and the application of remedies, you are but little better acquainted than many mothers and old women. Your relations are reciprocal. The more you apply yourself to your legitimate calling, thus enabling you to furnish goods of the best quality, the more indispensable you become to him; the more he perfects himself in his profession the less is he enabled to supply his own remedial agents and the more dependent for these upon you. Your position, honorably and ably held, is worthy of equal credit. Let no dishonorable or secret league tempt you from occupying it to the fullest extent; so you will command his confidence and respect, and reap a sure reward."

Retention of a Fætal Head in Utero.—In the following case (A. Valenta, Archiv. f. Gyn.) the head, after version on one foot was made, was torn from the body by force. The mother remained eight days without assistance, after which time luke-warm injections were made into the vagina in order to remove the disagreeable odor. This procedure was kept up for forty days, when the patient was first seen by the author. He found the cervix had returned to its normal size, so that dilatation was necessary, after which the macerated bones were removed singly by means of a polypus forceps. In spite of this unwonted negligence, symptoms of septicæmia never appeared, nor did the uterus show any desire to rid itself of this foreign mass.

At a meeting of the Royal Med. and Surg. Society, Jan. 9th, Dr. Fox read a paper on two cases of Erythema gangrænosum. Case 1 was a lady, aged forty-seven, on whose skin gangrenous patches had continued to evolve for nearly six years. They were limited to the region of the chest and arms, and over and over again recurred about the site of former patches. They were frequent at first, but as health improved and intemperate habits were given up, they appeared much less often. Case 2 was a girl seventeen years old, of extremely hysterical and neurotic temperament, in whom seven inflammatory vesicating areas (not gangrenous) continued to form for many months. In neither of these individuals was there any cachectic condition sufficient to account for the severity of the lesions. The question at issue was as between genuine idiopathic lesions and artefacts. Dr. Fox held to the former.

In the report of the Lying-in hospital of Munich (Archiv. f. Gynalkol), von Hecker gives the results of his observations on knots of the umbilical cord (Lancet). This condition of knotting was met with 83 times in 20,515 deliveries, or once in 247 labors. These knots are caused by the passage of the child through a loop of the cord so placed that its foetal end lies underneath the placental end; otherwise the passage of the child through it would only cause its disappearance. They may be produced during pregnancy or during labor: in the vast majority during the latter. Knots formed during pregnancy give rise to atrophy of the cord at their seat.

At the last meeting but one of the Berlin Medical Society, Prof. Liebreich brought forward a new drug for the treatment of syphilis by the subcutaneous method (Medical Times and Gazette). This drug rejoices in the name of hydrargyrum formidatum, and is, therefore, merely a different form of the old cure for syphilis. The mode of its preparation was not stated; chemically, it belongs to the amide group, in whose structure the monovalent ambidogen (NH_2) plays an important part. Liebreich was led to think of this new preparation from the notion that the ordinary amides of the body, of which urea may be regarded as the principal one, pass out of the organism in an undecomposed state; when, however, an amide is in combination with a metal, decomposition readily occurs, and the metal is reduced and deposited. Liebreich repeated his experiments before the society, and showed that these conjectures were quite true for the metal mercury. It is supposed, therefore, that the formamine of mercury, after the hypodermic injection, undergoes disintegration; and so the mercury is set free and is able to exert its well-known power over the lesions of syphilis. The preparation is easily soluble in water, is of neutral reaction, does not coagulate albumen, is not precipitated by caustic soda, and the presence of mercury can be demonstrated by means of sulphide of potassium. The drug, when injected under the skin, produces its effects very surely and rapidly. This is not regarded as a disadvantage, for the medicine is said to be easily borne, and has never produced salivation in Liebreich's hands. There is very little pain attendant on the injection, which has never excited any inflammation. From a half to a whole of a Pravaz syringeful (a 1 per cent. watery solution) may be injected twice or thrice daily. Liebreich looks on the preparation as the best we yet have for subcutaneous injection.

The Injudicious Use of Quinine was the subject of a paper (Med. Annals) by Dr. D. B. St. John Roosa before the New York State Society. As a result of experiments on the human subject and animals he finds that doses of ten to fifteen grains appear to cause vascular injection of the auricle, auditory canal, drumhead, conjunctiva and possibly of the optic papilla. There were, besides, the subjective symptoms of tinnitus aurium and exhilaration. A case of otitis caused by it was referred to, and one where impaired hearing was aggravated even by small doses. It was found particularly harmful to ears already in a state of congestion. Inflammation of the retina, as well as of the middle and internal ear, not infrequently follows large doses of the drug. There are a few who deny that the effect of large doses is anything but evanescent, but the cases published have finally settled the point that, in rare instances, deafness and blindness may result. There are cases where this chance is justifiable, but to the possibility of it attention should be called. But it is sometimes given when its effects are only harmful. Such is pyæmia, where, shutting up the emunctories, it causes the condition opposite to that desired. It is taken often in large doses with no more provocation than for breaking up a severe cold in the head, the public having learned this and using it without medical advice. In the exanthemata diseases of the ear are often aggravated by it. Harm is often done by bringing down high temperature by it, and the fatal collapse is only hastened. Cold in the head and congestion of the nasal cavities and frontal sinuses are aggravated by appreciable doses of quinine. In all colds affecting the mucous membrane of the nares, eustachian tubes and tympanitic cavities it aggravates the condition, and is therefore a bad remedy. In diseases of the ear it becomes positively harmful by increasing the existing congestion. The use of quinine in cases not malarial in character calls for revision; in any but such its value is doubtful.

An illustration of stinginess is cited by an Arkansas editor, who knows a man that talks through his nose in order to save wear and tear on his false teeth.

A Very Unusual Accident happening in a case of large femoral hernia is reported in the London Lancet by Mr. Bernard Pitts. A woman, forty-six years of age, had suffered from a right femoral hernia for twenty years. In 1880, she had for three days symptoms of strangulation, but was relieved by an operation, the hernia at the time being about the size of two fists. After this, for about a year, she was enabled to keep up the bowel by the use of a truss, but subsequently the hernia increased so much in size as to render the truss useless, so that she left it off entirely. One night last December, while going up stairs, she was seized with a paroxysm of sneezing, and felt something suddenly give away in her right groin. She became faint, but succeeded in reaching her room, when on examination she found about a foot of intestine protruding through a rent in the coverings of the hernia. Failing to reduce it she sent for a physician, who tried taxis for a short time, but without success. She was then sent to the hospital suffering from severe shock. An examination under ether showed that one foot and a half of small intestine had escaped through a rent in the skin, about an inch long, a little above the cicatrix left from the former operation. The exposed intestine was bruised, congested, dirty, and very cold, with a number of hairs and foreign particles upon it. The bowel and mesentery were carefully cleansed by warm carbolic lotion, and an effort made to return it, which failed. The opening in the skin was then enlarged freely, when a large quantity of small intestine, about four or five feet, together with the cæcum, escaped. A slight enlargement of the crural ring was then made with the hernia knife, and by patient manipulation the intestines were returned to the abdominal cavity. A sponge was placed on the opening, and the sac, which was very much thickened, was dissected from its surroundings and removed, necessitating the tying of many small vessels. The sponge was then removed and the cut edges of the sac brought together by stout catgut. A large portion of redundant skin was then removed and the edges of the wound brought together by silk sutures, and carbolic gauze placed over it. The next morning the temperature was 100.4°, but rose during the day to 102.4°, the breathing became labored, and the pulse increased to 132. She was better, however, the next day, the temperature falling to normal, and never afterwards rose above 100°. She made a slow recovery and wears a truss. In his remarks following the account of the case, Mr. Pitts says, I believe that by getting rid of a large sac and redundant skin, the chances of continued suppuration are much lessened, and where there is a large hernial opening, the ligature of the neck of the sac diminishes the danger of inflammatory extension from the wound to the peritoneal cavity.

Speaking of "Hysterical Spine," Dr. Vincent gives the following very plain points as aids to diagnosis (Med. Press and Circular): "We are all aware that, when any of the tissues of the body are the seat of acute or chronic inflammation, the pain which results is augmented by pressure; but the pain we are considering, and which is alleged by the patient to be "all down the spine," is not increased by pressure. For instance, if the patient is placed face downward on a firm mattress or couch, the whole weight of the surgeon's body transmitted to the spine by means of the open hand will give no pain; but, on the contrary, if the finger will be drawn lightly over the spinous processes, from the cervical portion down to the sacrum, we shall have a scream or sob, together with considerable cringing or flinching. So the apparent suffering of the patient bears no proper proportion to the pressure exercised. Another test producing a very characteristic symptom of these cases is to tap gently the spinous processes as the patient stands erect before you. The same flinching will be observed, and by these means one is often enabled to more or less localize the pain. The seat of this will generally be found in the lumbar region, especially if we can trace any uterine irregularity arising from any cause whatever. The second symptom is deformity. This may exist in various degrees, from being hardly no-

ticeable to an extent simulating the worst form of lateral curvature; but, unlike that far more serious disease, the hysterical deformity can in a minute be reduced, although when the pressure or manipulation necessary for this is removed the deformity returns; yet for the moment it has vanished, and we have satisfied ourselves that there is no structural change. These two symptoms will generally be found sufficient to determine the nature of the case, especially if our diagnosis be assisted by the existence of any of those morbid conditions of emotional centers so well-known and recognized in the phenomena of hysteria."

Aron experimented with the poison of Naja tripudians and found (Cbl. f. Klin. Med., No. 31, 1882) that three milligrammes of the dried poison dissolved in water and injected in rabbits produced in a short while a paralysis of the respiratory centre. A decomposed solution did not seem to have lost any of its strength. As antidotes were tried hypodermatic injections of alcohol, atropine and caffeine, but in no instance did any of these substances show the slightest antagonistic effect to the poison. By means, however, of hypermanganate of potassium, according to the method of Lacerda, the author succeeded in saving six rabbits out of 13. Still better results followed the use of chloride of lime. Employed in the same concentration and manner as the potassium salt, the author saved seventeen animals out of seventeen experimented with. These last rabbits did not show the slightest symptoms of poisoning, but would eat quietly, while those near them not treated with lime lay in convulsions and stupified. The author recommends the following process for the bite of a snake: Immediately bind a ligature around the part bitten, extract the poison as far as possible by sucking or by cupping, and inject around the wound a two-per-cent solution of sub-chloride of lime. Internally give excitants.

The First Method of coloring tubercle bacilli, that described by Koch, was as follows (Therap. Gazette): Dry a small piece of sputum on a glass-square, place in it a weak alkaline methylen blue solution for twenty-four hours, and then wash over the sputum with vesuvine. This method was soon replaced by that recommended by Ehrlich, which consisted in: After having dried the sputum on the glass-square, it was colored in methyl violet and aniline water. Aniline water is made by adding three parts of aniline oil to one-hundred parts distilled water, shaking well, and filtering. The methyl blue solution is concentrated, alcoholic, and so much of it is added to the aniline water in a watch-glass that opalescence appears. The preparation remains one-fourth to one-half hour in this solution, after which it is placed in nitric acid (one), water (two), and then impregnated with Bismarck brown. In the place of methyl violet Professor Fränkel uses fuchsin, afterwards coloring with methylen blue, and prefers this coloring to any yet devised, as preparations thus colored retain their color longer, and admit of better demonstration by artificial light. Baumgarten's method consists in treating sputum dried on a cover-glass with cautic potash (thirty-three per cent sol. to watch-glass of water), and is considered highly unsatisfactory, as the bacilli are not all colored, therefore difficult to find. This last method is not to be recommended.

Schmiedeberg has Succeeded (Arch.f.Exp. Pathol., xvi, p. 149) in isolating from the leaves of oleander, oleandrine and neriine. Oleandrine possesses all of the characteristic effects of the digitalin group. Further, he has produced from the root of apocynine cannabinum two substances analogous to oleandrine and neriine. Chemically these bodies have this in common, they are free of nitrogen and are not acids. These substances are identical in action with the digitalin group.

The Removal of Freckles can be accomplished, according to Dr. J. V. Shoemaker, by the careful application of a little ointment of the oleate of copper at bed-time. He makes the ointment by dissolving the oleate of copper in sufficient oleo-palmitic acid to make a mass of the required consistency.

The Therapeutic Gazette of Detroit is doing good work in showing the real meaning of such advertisements as the following, many of which appear in the secular and religious press:

A Card.—To all who are suffering from the errors and indiscretions of youth, nervous weakness, early decay, loss of manhood, etc., I will send a recipe that will cure you *free of charge*. This great remedy was discovered by a missionary in South America. Send a self-addressed envelope to the Rev. Joseph T. Inman, Station D., New York City.

"Our readers have, doubtless, been struck with the prominence and persistence of the appearance of this philanthropic announcement by one Rev. Joseph T. Inman, Station D., New York City, in the columns of the secular press during the past few years. While professional readers have been convinced that it was nothing more nor less than bait for gudgeon, few have taken sufficient interest in the matter to inquire into the *modus operandi* of the swindle. Our attention has been particularly directed to it by the numerous inquiries received from druggists and others for information touching the nature of the drugs, the sale of which is the apparent object of the 'retired missionary's' philanthropy. These inquiries have been sufficiently frequent to cause us to make the matter a subject of investigation in the interest of the public, whom we aim to reach through their proper advisers in such matters, the medical profession. The drugs entering into the formula which is furnished, gratis, on application by the reverend philanthropist are the following: 'Extract Corrassa Apimis; Extract Selarmo Umbelifera; Powdered Alkermes Latifolia; Extract Carsados Herbalis.' These names are, of course, purely fictitious, the object being to dupe the victim into sending for the medicine from the philanthropic missionary. Such a sample, when obtained and examined by Dr. Lyons, proved to be about as follows: Powdered Gentian about 15 parts; Powdered Licorice about 15 parts; Powdered Sugar about 50 parts; Sodium Bicarbonate about 17.5 parts; Powdered Cochineal about 2.5 parts. The cost of the ingredients of the 'Rev. Inman's' formula is less than two cents per box; the selling price is $3.50. From this large margin as well as from the attempt to deceive, as above exposed, it will be clearly apparent that this 'divine' is not the man of good works that he announces himself to be. The duty of the medical profession in the premises need scarcely to be referred to. While this duty (the exposition and denunciation of the frauds perpetrated on the public) is plain, it is, however, too much neglected." The Gazette has devoted several pages to this exposé; and we say, "pass this fellow along," *et id omne genus.*

In the American Homœopathic Pharmacopeia for the year 1882, published by Bœericke & Tafel, New York, the following names are found indicating the diseases from which the pus or poison is taken to manufacture the homœopathic medicines (Pacific Med. and Surg. Jour.): Psorin, anthracin, glanderin, gonorrhin, leucorrhin, sypilenum, buboinum.

NEWS ITEMS.

There have been Several Changes in the staff of the Illinois State Eye and Ear Infirmary. The former Superintendent, Mr. Davenport, has resigned, and Mr. E. C. Lawton has been appointed in his stead. The place in the staff made vacant by the resignation of Dr. Roswell Park has been filled by the appointment of Dr. B. Bettman. In addition, Dr. S. S. Bishop was elected Aural Surgeon, Dr. J. E. Parker Assistant Surgeon, and Dr. C. B. Shortwell Resident Assistant Surgeon. The sphere of usefulness of the institution is constantly widening, and its clinic is now probably the largest of any similar institution in the country.

The Corner Stone of the new Indianapolis City Hospital was laid on Saturday, April 14th. Short addresses were made by the Rev. O. C. McCullough, Mayor Grulles, and an historical address by Dr. J. M. Kitchen. The building is to cost $25,000 when completed, and occupies the same enclosure as the old one.

CONTRIBUTIONS.

*THE RELATIONS OF INFLAMMATION AND TUBERCLE TO EACH OTHER.**

BY M. KIENER,
Professor at the Val-de-Grace.

The question of the relations existing between tubercle and inflammation has been the subject of discussion since the former has been known, and such different solutions have been offered that it is easily seen what a great interest it has both for the clinician and the pathologist, and how difficult it is to give a satisfactory answer. From the labors of Virchow it was at first supposed that the caseous products were due to inflammation, and that only the grey nodule was specific. Clinicians explained the relations between the specific nodule and the caseous products either like Buhl and Niemeyer, by supposing caseous inflammation as the initial process and granular formation as secondary and eventual; or, like Herard and Cornil, by supposing the grey nodule, as the initial lesion, provoking as a foreign body inflammation of a caseous nature in its neighborhood.

This division is no longer admissible. We know that the caseous product is as immovable as the grey tubercle and holds also within itself the specific cause; and, to account for this equal noxiousness, we have the explanation of M. Grancher, who claims for the caseous mass a structure analogous to that of the grey, it having merely larger proportions and a more rapid evolution.

The studies we have lately made, in conjunction with M. Poulet, on tuberculous ostitis or caries of bones, which will shortly be published, have placed us in a more favorable condition to study the question than if the lung had been used; and, without attempting to solve such a complex question, we think that the results of our studies may add somewhat to the solution. The object of the present paper is to examine the relations from an anatomical and etiological point of view.

I. Tuberculosis is found in bone in three ways, which will be succinctly described.

In some cases we have primary tubercle, ordinarily alone, making its evolution entirely a local one in an organism otherwise healthy and vigorous. An early resection or accidental death has frequently demonstrated to us the presence of this variety of tubercle; it has the volume of a pea to that of a walnut, and upon a section of bone appears like a white spot, hard, well circumscribed, but continuous with the neighboring cancellated structure, which is perfectly sound; the whiteness is due to the relative anæmia of the marrow and the hardness to the thickening of the trabeculæ.

A microscopic preparation shows alterations very variable in intensity from one point to another. At one place the marrow is adipose and vascular, at another it is fibrous or embryonal, enclosing tuberculous follicles, that is to say, well defined foci, corresponding to vascular swellings filled with epithelial and giant cells. In certain medullary cavities but one or two of these follicles are found, in others they are confluent, and ischæmia is complete. About each of these follicles there is a migration of leucocytes, the more active in proportion to the number of follicles in a certain limited space.

The irritation propagated to the osseus trabeculæ which limit the medullary cavity, results in a twofold manner in apposition and resorption, the former the result, in general, of a feeble and latter of a stronger irritation. According to the case, the one or the other of these phenomena predominate.

It may happen that the termination of the process results in the complete disappearance of the trabeculæ network and the formation of a dry, caseous mass, which becomes inspissated and can slowly resorb itself, the only vestige of its existence left being some loss of substance in the bone. This mode of termination seems to be relatively frequent in the child. We can see in the thesis of Gonzales Echeverria examples of bony tubercles in young subjects having caused the destruction of several vertebræ and considerable knuckling, with the formation of a permanent callus, without there even having been any abscess by congestion.

Another mode of termination more common in the adult and decidedly more disastrous is by necrosis of the tuberculous territory. This comes on when the caseous change of the marrow has become complete at a time when the trabeculæ network is yet, in a large part, preserved and even condensed. Then there appears surrounding the white spot a narrow, rosy furrow, indicating the demarcation which will be made between the caseous island and the surrounding parts. This island, when touched with the point of a scalpel, shows a certain amount of mobility. The furrow is occupied by an embryonal and hyperæmic marrow, in which can be observed the sudden interruption of the bony trabeculæ, which are, as it were, cut by an intense local ostitis. The reactive phenomena are so limited that in the second row of medullary cavities beyond the furrow the marrow is found to be adipose and the trabeculæ normal. A little later, suppuration is established immediately around the sequestrum; the latter becomes isolated in a cavity, whose walls suppurate and are covered with a fungous membrane; the products of suppuration make themselves shown through fistulous tracts, whose walls become likewise covered with a fungous membrane and become the seat of secondary tubercles, whose evolution cannot be traced here.

*L'Union Médicale, March 22, 1883.

It will suffice to say that if the sequestrum is promptly thrown off the termination may be favorable; the secondary tuberculous infection will cease at the site, as also the primary, and a good cicatrix will make good the loss of substance. But it is too often the case that a sequestrum deeply situated remains imprisoned and favors suppuration and tuberculization of the walls of the focus to a chronic stage, and ends in jeopardizing the life of the patient, unless surgical intervention comes to the aid of nature.

The impression made by the examination of such a process is that the development of tuberculous foci, in healthy tissue and a vigorous organism, determines but a feeble irritation, whose radius of activity does not exceed a half millimeter.

If, instead of one of these cases of tuberculosis we have just described, we examine an epiphysis, the subject of an old caries which has produced death or necessitated an amputation, we shall see lesions of an entirely different aspect. At times we can, in such an epiphysis, recognize the primary focus in the shape of an imprisoned sequestrum; but in the neighborhood of this focus and throughout the whole extent of the epiphysis are disseminated multiple foci answering to the old descriptions of caries, and whose tuberculous nature can only be determined by microscopical examinations. They are anfractuous cavities having irregular borders, of different sizes, and surrounded by a large hyperæmic zone; they are filled with a gelatiniform mass, in which can be found one or several small sequestra adherring to the side by a thin pedicle, or completely isolated by the pus; sometimes also there appear in this semi-transparent mass opaque points corresponding to tuberculous nodules and visible by means of a magnifying glass or even to the naked eye.

Microscopic examination shows the presence of an embryo marrow, rich in blood vessels and loaded with leucocytes existing in the jelly-like mass and in the hyperæmic zone which surrounds it, and disposing itself about the small sequestra as a granulating surface. Besides round cells, there are also found larger ones with multiple nuclei, but the follicular formations are rare. They are found upon the surface of the opaque points, mentioned above, and immediately surrounding the sequestra not yet isolated by pus. The follicles are not clearly defined; enlarged by the epithelial cells of the vicinity, which make masses at their periphery, they become confluent and form a continuous layer, which soon breaks up, giving rise to a serpiginous ulcer.

As may be seen, inflammation plays an important part in the process; the tuberculous evolution may still be recognized, but the follicles are diffuse and short-lived; their appearance precedes shortly the destruction of the marrow and the separation of the sequestrum; the largest portion of the morbid products consists in exuberant fungosities, developed upon the borders of the tuberculous ulcers.

If the chronic and solitary tubercle, in bone, is the lesion analogous to these fibrous indurations with cretaceous nodules, or to the circumscribed cavities we so often meet in the apex of the lung in individuals who have succumbed to other affections, the lesions we have described in the second instance are comparable to the caseous lobular pneumoniæ which generally terminate chronic pulmonary phthisis. To designate them the old terminology would have spoken less of tubercle than of chronic inflammation, caries or caseous ostitis.

There is another form of pulmonary tuberculosis of lobar form, rapid and destructive in its evolution, called acute caseous pneumonia or galloping consumption. The analogue of this form has been found in the skeleton. In a subject presenting large tuberculous masses, firm or hard, in the muscles and periosteum of the shoulder, the head of the humerus and the scapula presented a lesion which, without the assistance of the miscroscope, would most certainly have been described as a suppurative ostitis. A medium section of the epiphysis shows upon a red ground, of the color of raspberries or wine lees, a large yellowish white spot and several smaller ones, involving more than two-thirds of the surface of the section. In this uncolored territory the tubercular network was firm in some places, in others it was easily crushed by the pressure of the finger, allowing a creamy liquid, similar to pus, to escape. Microscopic examination showed a marrow, embryonal with a fibrous network, rich in round cells, but still enclosing fat cells at many points. In this marrow are scattered giant cells, either isolated or united in small groups; the follicles are in very small numbers, scarcely defined, and buried in a mass of leucocytes. These small foci soften by a purulent softening and become transformed into a sort of abscess having coherent elements, agglutinated to each other, constituting rather a soft, cheesy mass than true pus; the abscesses coalesce and enlarge by a centrifugal extension, so much so as to extend to several medullary cavities. From this results the formation of small and numerous sequestra, of which a few are still adhering, whilst the others are already surrounded by a fungous tissue granulating in their meshes and bathed in pus.

There would be difficulty in recognizing one and the same affection in such a process, and in that we have studied before under the name of primary and chronic tubercle, if the examination of our second form had not facilitated the approximation by acquainting us with intermediate lesions from one to the other.

These facts will permit us to determine the ana-

tomical relations of tubercle and inflammatory products in bony tissue.

These relations seem to me to be very clearly defined in primary, chronic tubercle. On the one hand we see well circumscribed tuberculous follicles, and on the other hand, in their neighborhood, diapedesis, a fibrous change in the marrow, an ostitis of double form rarefying and condensing, that is to say, a group of leisons of an ordinary character, consequently inflammatory. This product has a slow evolution and dies, if we may so express it, of a natural death, of ischæmia, when all of its vessels have become obliterated by the follicular formation.

In a second form, in the tardy tubercle which develops in a rarefied and fatty bone, we again find the characteristic form of the follicle. But this one is not limited by the connective tissue wall of the vessel; it grows rapidly by an epithelial transformation of the neighboring elements and becomes confluent with others; and this almost continuous layer of epithelial elements separates, giving rise to an ulcer, at whose periphery arise exuberant fungosities, that is to say, an inflammatory neoplasm; but this product of the inflammation displays the tendency of the embryo cells to swell and to aggregate into cells with multiple nuclei and containing an abundance of protoplasm.

The third type of bony tuberculosis has shown us a complex lesion, where it is not possible to fix the demarcation between the tuberculous foci and the products of the inflammation. The intense and diffuse ostitis, extending to the whole epiphysis, still presents the general characteristics of tuberculous ostitis. These are the trabecular network modified by the double change of rarefaction and condensation, the small and multiple sequestra becoming isolated by suppuration and surrounded by fungosities. As to the tuberculous lesions proper they are everywhere present, but remaining in an imperfect state; here and there are groups of giant cells and glistening capillaries recalling the characteristic pictures. As to the follicles, being scarcely formed, they are destroyed by purulent softening of the tissue surrounding them and filled with leucocytes.

It would be highly interesting to demonstrate the presence of a specific bacterium in these different tuberculous lesions; but the methods for coloring the microscopic sections of bony tissue are not yet sufficiently certain in their action to permit this. There is one thing, however, admitted by Koch, Ehrlich and Rindfleisch, and that is, that the giant cells and epithelial masses of the follicles are the elective points for finding bacteria, and for finding them there in large numbers. Depending upon this fact we might, by going a little beyond the certainties acquired by science, translate into modern language the facts of common histology which I have given.

When the tubercle is primarily developed in a healthy tissue, the specific agent, brought into the vascular network of a circumscribed territory, locates itself in foci independent of each other, where its rapid increase provokes swelling of the vascular epithelium. Thus a follicle is formed, a sort of cyst well defined from the surrounding tissue.

When, on the other hand, the tuberculous seed comes to a soil prepared by inflammation, softened and succulent, the bacteria easily penetrate the walls of the capillaries, spread like yeast throughout the whole mass of the inflammatory neoplasm, giving rise to the formation, in all parts, of giant cells and ephemeral follicles, which soften and ulcerate.

However this may be, we are authorized in affirming that in tubercles having a rapid evolution, in the large cheesy masses, it is inflammation which predominates, and this inflammation is a measure of the cause and gravity of a whole series of tuberculous affections.

II. I now come to the second point in my paper. Whence comes this important complication? Does the tuberculosis call into being the inflammation or *vice versa*? Why is the inflammation moderate at certain times and serious at others? It is not sufficient for the clinician to learn the anatomical relations of the two processes, it is also important to have light thrown upon their etiological relations.

This second question is more difficult than the first, and simple anatomical researches do not give me the ability necessary to treat of it; they may, however, give some few indications which I will summarily mention.

A proposition which comes from the examination of tuberculosis which we have just made is, that the intense phlogosis and notably the suppuration are properly not accompaniments of the action of the tuberculous poison. I have endeavored, in former papers, to demonstrate that there are not two tuberculoses, that it is one and the same affection which produces in one case local and curable tubercle, and in another an organic progressive lesion and its generalization. I cannot investigate whether this difference in acting has any relations with the different states of microbion, whether this latter is in the bacillus stage in local tubercle, or in the state of spores in the invading process; there is nothing positive in this respect. What is certain, is that local tubercle contains all the power of the virus, as proven by the inoculation in animals and by the auto-infection with which all those, who have such a lesion, are menaced. If the specific agent is in a state of inactivity, it is because

it is held in that state by the vital resistance of the organism.

If we find connected with the tuberculous evolution an intense inflammatory process, the cause must be looked for not in the particular quality of the virus, but in the inherent disposition in the individual and in the organ, or in some external cause whose action is added to that of the tubercle.

It is not proper to the question, at present, to take a summary of the general etiology of tuberculosis. The experience of our predecessors and our daily observation have shown secondary causes of this disease in large numbers. Hereditary influence, the physiological development of organs, the enfeebling of the organism by different diseases, diabetes mellitus and others, the moral suffering and physical fatigue—all these conditions we know contribute to make the organism take on a state of receptivity for the development of the germs and a partial or general predisposition.

The only thing I wish to examine is whether these causes are not equally sufficient to explain the inflammatory complication; in other words, if the tubercle, whilst actively developing in a tissue whose elements offer no vital resistance to its progress, may not by reason of the rapid multiplication of its foci arouse a peripheral inflammation with fibrinous exudation or suppuration.

I have seen here those galloping forms of pulmonary phthisis which sometimes, without any other known cause but heredity, commence without rigor or lassitude, or stitch in the side, but with a light cough, at first dry, and in a few days presenting already the prominent characteristics of pneumonia.

These rapid forms of tuberculosis are well known and are not peculiar to the lung, as we have met their equivalent in the bony system. In the case I have mentioned I wish to call your attention to the fact that the tuberculosis was primary and free from all those extraneous complications which I will mention further on, but that the subject carried in himself the unfortunate condition of heredity. Are we not justified to deduce from such cases, that in certain conditions of inferiority of the organism, tubercle may in exceptional cases excite acute inflammations, which, by a vicious circle, furnish new material for the rapid evolution and propagation of tubercle.

An etiological relation of much greater frequency, in my opinion, is the reverse. In many cases it is the inflammation which excites the development of tubercle, an inflammation of external causation, acute or chronic, catarrhal or suppurative, the more to be feared in its association with tubercle the more protracted and intense it is. We are no longer dealing with tuberculosis alone, but with two diseases, having a concerted evolution, with unequal strength, having proportions in a certain ratio as said by Torti.

It is thus that tuberculosis of the bony system and of the joints is afterwards attributed to traumatism. There is no doubt that this cause is given by some patients for want of a better one; by others, with complaisance, in order to avert a suspicion of general involvement; but surgeons, I believe, will not deny that often a well authenticated sprain or contusion has signs of a white tumor in the course of the inflammatory symptoms, of a epiphyseal tubercle, whose germs already present in the economy fixed themselves in that locality and were developed there by the traumatic affection.

The catarrhal affections and certain specific diseases, like measles and scarlatina, will furnish me with a subject more strictly medical, because we we will see that their action is brought to bear upon the lungs. I have no precise statistics, but I believe I can say that at least one-half of the cases of pulmonary phthisis observed in the army commence with the apparatus symptomatic of acute catarrhal affections. Whilst in good health, the man has rigors, lassitude, a fever with evening exacerbations, the urine loaded with urates and the whole accompanied by a considerable laryngo-bronchial catarrh and sometimes by a broncho-pneumonia. After a few weeks, the catarrhal affection having subsided, it is found that it has left, at the apex of the lung, a tuberculous deposit, which softens and forms a cavity. The tubercle, disengaged from its inflammatory complication, remains quiet from that time, is cured, or at all events progresses slowly until a new catarrhal attack awakens an acute stage, always more grave than the preceding one.

To sum up, pulmonary phthisis, in its first invasion, or in its acute relapses, presents to a high degree the character of a climatic or seasonable affection. Suppress the catarrh, and you reduce the tuberculous pandemic to the average numerical importance of other diseases. In Algeria the total of tuberculous affections does not furnish a higher mortality than cancer.

A few words remain to be said upon the suppuration in relation to tuberculosis. I have insisted upon the fact that, in primary tubercle, pus is absent in the whole process and only appears when necrosis has been consummated. On the other hand we have found, to a high degree, the inflammatory character and suppuration in secondary tubercles. Here again debility of the organism, acquired in the course of tuberculosis, might be called in; but a more local condition merits attention. It is to be observed that, at the times these secondary tubercles make their appearance, the organism already holds an imprisoned sequestrum, that is to say, an old focus both tuberculous and suppurating, more

generally communicating with the atmosphere, and consequently having external germs. It is rational to suppose that the products discharged from this focus will be charged with a double virulent power —tuberculous and pyogenic.

Every exposed wound may become the subject of such occurrences. Pulmonary tubercles do not rarely follow prolonged suppuration of traumatic cause as well as after local tubercles. I was struck by the anatomical characteristics of this secondary phthisis. There is no methodical progress of the lesions from the apex to the base of the lungs, but disseminated islets throughout the lobes, and islands of yellow hepatization soften by a puriform process. Sometimes these islets are cuneiform like infarctions when a vein has ulcerated in the primary focus.

These facts have a certain importance in reference to surgical interference. Pulmonary tuberculosis of rapid march is among the things to be taken into consideration in all operations upon tuberculous patients. I have at present, under my care, a young soldier who was sent to hospital the very day of his admission into the army for a pleuritic effusion, filling the whole left side, and which thorancente showed was formed of an opaque serum leaving, after standing, a deposit of leucocytes. The general state was good there, absolute apyrexia; the disease dated back five months and had only necessitated a sojourn of a few weeks in a hospital when it began; the right lung was perfectly well; and the tuberculous nature of the affection could only be suspected. After several unsuccessful efforts at treatment by capillary punctures and blisters, I decided to perform the operation for empyema. From that time a small fever made its appearance; on the eleventh day there appeared above the opening of the wound a crown of tuberculous fungosities; and upon the twenty-fourth day a blowing sound and crepitant râles appeared under the right clavicle. Did I not, by transforming a closed pleurisy into an open one, call into activity the reproduction and propagation of tubercle, the agent of an outside pyogenic factor?

An apology is due for having speculated somewhat over the facts studied with M. Poulet. It is perhaps not devoid of interest, at least in my estimation it is permissible, to deduct from the work of the laboratory a few conclusions applicable to clinical medicine, by giving them the value not of acquired data, but of things still to be verified.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

CHICAGO, Ill., April 16, 1883.

The President, Dr. Graham, in the chair.

Dr. E. FLETCHER INGALS read a paper on the Treatment of Empyema.

Regarded from a statistical standpoint operative procedures do not tend to good results. Collected reports show a recovery in one-fifth of those cases where spontaneous opening has occurred and only in one-eighth of the cases operated upon. This larger proportion of recoveries after spontaneous opening may be attributed to the comparative infrequency with which this occurs, and perhaps also to the lack of proper care received by many cases after operation.

In the paper the writer gave the results in the treatment of fourteen cases occurring under his observation within the past two or three years. Of these five died. Two were moribund when operated upon. Simple aspiration was performed. One died three weeks later of hepatic abscess; one three months later of exhaustion; the conditions surrounding the patient preventing proper care of the case. One patient died nothwithstanding the most careful attention. In this case the effusion was sero-purulent at time of operation. The doctor thought it would be fair to omit from statistical reports the cases where death was inevitable or due to other causes than empyema, or where the chances of recovery were greatly lessened by the patient's surroundings and the lack of proper care. This would reduce the death rate in these cases for five in fourteen to one in ten.

The treatment adopted was aspiration, followed by a more radical operation unless marked improvement followed the simple procedure.

The notes of several cases having features of special interest were read. Two cases were treated by aspiration only — one, an infant, aged ten mos., recovered after a single aspiration, at which eleven ounces of pus were withdrawn. The other, an adult male, aged thirty-five, had had pleurisy five years previously and was subjected to thirteen aspirations between the months of April and October, 1881. At the first operation three quarts of pus were withdrawn, though the cavity was then not entirely emptied. The last operation two ounces were drawn off with no subsequent refilling. Internal treatment was pot. iodide, tr. iron, and quinine, with anodynes to control cough. Patient's general condition did not improve. The following April was seen again and found to have pneumothorax, probably due to over distension of the lung after prolonged compression.

Of operative measures in the treatment of empyema the FIRST is aspiration, a most valuable adjunct in diagnosis, which in a small proportion of cases has been found to effect cures.

The flow should be stopped when the patient complains of pain or sense of weight upon the sternum, when there is much disposition to cough,

or when the fluid becomes bloody. SECOND—A simple valvular opening, which is closed after cavity is evacuated. This provides no drainage, and is an unsatisfactory method. THIRD — Chassagnac's operation, providing for free drainage: it consists of two openings, one higher than the other, through which a perforated drainage tube is inserted. FOURTH—Fraentzel's operation of inserting a silver canula, through which catheters may be introduced to wash out the cavity. FIFTH —The method practiced by the writer for several years past. He uses a trocar with canula two inches long, transverse diameters one-half to one-fourth inches. Two rubber tubes, caliber one-eighth inch, are introduced into cavity through the canula, which is then withdrawn and the tubes secured by slipping the ends hanging from wound through small punctures in a piece of rubber sheeting and strapping this to chest wall. Further security may be obtained by slipping rubber collars around with threads over the tubes and fastening them to chest wall by adhesive straps. The tubes hanging from opening may be left any convenient length, within they reach the bottom of the cavity. One is perforated its entire length, the other for about one inch at the end. Only a small quantity of pus need escape during the whole procedure, thus preventing too rapid distension of the lung. The cavity should be washed out twice daily with one per cent. sol. carbolic acid. After three or four weeks stimulating washes may be used, e. g., the sulphate or chloride of zinc, sulphate of copper, tr. iodine, etc.

DR. WM. T. BELFIELD then exhibited twenty-eight photographs used by him to illustrate the Cartwright Lectures delivered in NewYork, upon the Relations of Micro-Organisms to Disease. The results of recent investigations were briefly summarized, from which it would appear that in only one instance has it been proved that disease is due beyond a question to bacteria, namely, in malignant pustule.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, April 14, 1883.

The Vice-President, Dr. Dudley, in the chair.

DR. MULHALL, some three weeks ago, examined a German, aged 23, who was troubled with excessive fetor of the breath. The nose was thoroughly washed out and disinfected, and still the odor persisted. A chronic trachitis and laryngitis was found, the mucous membrane being all of one deep tint—a velvety red—and succulent and sodden in looks. There were follicular masses in the trachea crowded about the cricoid cartilage. He had been subject to nose and throat disease for five years in Germany, but never noticed any fetor until after being one month in this country. The family history was found perfect. The curious part is that this affection is never observed in natives of this country. Cohen never saw it but in three Germans. McKenzie does not mention such a case. Dr. M. recommended the patient to return to Germany. Frankel, of Berlin, mentions a case in Ziemssen's Encyclopedia which he could not help.

DR. WATKINS reported a case in which an aneurism, situated below Poupart's ligament, had ruptured, causing the thigh to swell to an enormous size. A post-mortem examination showed an aneurismal sac as large as an orange, and arising at the origin of the profunda femoris. Atheromatous degeneration was also present, and it is probable that no operation could have saved him.

DR. P. V. SCHENCK read a paper entitled "A Plea for the Ovary."

"To know the natural progress of diseases is to know more than the half of medicine."

The author's attention has been drawn to the ovaries from the little known concerning them, their isolation from the general system, and their connection with the nervous system, as well as their reproductive function. The ovaries are the main center of the sexual apparatus, and, as Virchow and others have stated, give to woman all her characteristics of body. Tilt has aptly called them the workshop of generation. The effects of the ovaries upon nutrition are most marked, but passing them we find that the connection with the nervous system is most marked. The intimacy with the ganglionic nervous system was known and acknowledged by the ancients. Plato, Galen and Von Helmont all refer to it; hence it has been said that the generative power is located where pugilists are forbidden to hit, below the belt. In woman the intimacy between the solar plexus and the ovary is much greater than that of the solar plexus and the testicle in man. This connection with the glanglionic system and freedom from connection with the cerebro-spinal enables the woman to sustain the wear and tear and strains brought on by the various generative and reproductive functions.

A list of authorities was quoted, showing that the ovaries are more frequently diseased than is generally supposed. During ovulation the female is more susceptible to zymotic diseases than at other times; peritonitis is more likely to occur, as also displacements of the uterus. When the ovary loses its power at the menopause, malignant diseases are likely to occur in the womb. The ovary has been called the throne and seat of hysteria. Charcot has made use of this fact by exerting strong pressure over the ovary, and has often shown the effectiveness of this method in checking an hysterical fit. All the intestinal tract suffers from ovarian troubles. They also exert some influence upon the

action and condition of the heart. The author here explained the mechanism, palpitation being the affection generally produced.

CASE.—Mary M——, aged 37, married, commenced to menstruate at 14. Was married at 18; has had five children, four still living. Has been excessively nervous for about a year. She is afraid of everything, although she knows it is foolish. Suffers from palpitation, which increased upon slight provocation. Has a headache, which disappears during menstruation. Unable to have intercourse with her husband, as it aggravated her nervous symptoms. All the antispasmodics had been used without avail. On examination no organic disease could be found. Treatment failed, and only when pressure was exerted on the left ovary did the patient express gratification, the nervous and cardiac symptoms disappearing as long as the pressure continued. An apparatus was made and applied, and it is now two years, and she is in good health so long as she wears it.

The ovary may also affect the brain, producing epilepsy, hemicrania and neuralgias of the head.

There are no diseases more difficult to diagnose than affections of the ovaries, Hennig showing by his post-mortems that not one in ten was recognized.

The author believes the future of our profession hangs much on the study of the two great centers, the brain and the ovary. With education and study, the mysteries of the ovary will be fathomed.

DR. WATKINS stated that he had made a post-mortem upon a girl, aged 15, who died of epilepsy, and he found that although the left ovary was normal, the right was cystic and almost as large as an orange. The girl was fully developed, but had never menstruated. Dr. W. mentioned the case as corroborative of a part of the paper read.

MARION COUNTY MEDICAL SOCIETY.

INDIANAPOLIS, April 10, 1883.

The President, Dr. J. L. Thompson, in the chair.

DR. T. B. HARVEY made the regular address of the evening; subject, "Lacerations of the Cervix Uteri." The doctor said, that prior to 1844, epithelioma of the cervix was believed to be a very common disease. Henry Bennett, of London, was the first to enlighten the world in regard to the trouble, claiming that it was due simply to inflammation of the cervical canal, and not at all malignant in its nature. In 1862 Emmett discovered that the majority of uterine troubles were caused by lacerations of the cervix, and immediately began treating them successfully by operative measures. Emmett claims that thirty-three per cent. of uterine troubles are caused by lacerations of the cervix, and he thought that a greater per cent. could be truthfully claimed. Of the varieties of lacerations of the cervix, we have the simple, unilateral form, varying in extent; the bilateral, in which there is apt to be hypertrophy of both lips, completely hiding the tear, and giving the appearance of a very large os. It can only be detected by hooking a tenaculum into either lip, and drawing them apart. The stellate variety, described by Emmett, gives rise to deformities that cause trouble. In another variety, difficult of diagnosis, the tear begins at the os internum and extends downwards. It never heals, and leaves a very large cervical canal. He had seen many cases of this nature, and was at a loss to account for them until it was described and explained by Emmett. He had observed that lacerations occur, most frequently, on the left side, easily accounted for by the position of the child's head. Among the causes might be enumerated the inducing of too rapid labor by the use of ergot, and in advising a patient to bear down when she should be quiet, stripping the cervix back over the child's head, and the too early use of the forceps. Hemorrhage from the lacerated cervix had, no doubt, oftentimes been mistaken for post partum hemorrhage. The presence of arterial blood on the child was a diagnostic point of importance, as immediate examination would not reveal the difficulty. The immediate danger is septicemia. The remote results are sub-involution of the uterus, eversion of cervical mucous membrane, a trouble that has been treated for twenty-five years as granular degeneration, ektropium, cystic degeneration of the mucous follicles, small shot-like bodies that can be detected only by digital examination, metrorrhagia and menorrhagia, dysmenorrhoea, caused by the formation of a stricture above the point of laceration, retaining the blood, which then acts as a foreign body, and hypertrophy of the cervix, sometimes greatly enlarged and resembling a tumor. It is useless to talk of symptoms, for the pains in the back and bladder may be caused by other troubles; however, impaired locomotion, caused by reflex irritation, from a nerve filament implicated in the cicatricial tissue, is a symptom of importance. Emmett claims that it is the duty of the accoucheur to repair both perineum and cervix as soon as the damage is done. The doctor was of the same opinion as regards the perineum, the operation being simple and occupying but little time. He did not believe, however, that immediate operation for the restoration of the lacerated cervix was justifiable, on account of the difficulty attending not only the operation, but the diagnosis. He did not think that Emmett had enough of obstetrical practice to be an anthority on this subject. He always prepares his patients for the operation, and in operating is careful to pare away all cicatricial tissue. Emmet claims that cicatricial tissue acts as a wedge holding the pared surfaces apart. Certain it is, that if it is not

all removed the operation will be unsuccessful. He was of the opinion that lacerations of the cervix were the great cause of local malignant disease at the menopause.

Dr. Chambers wished to ask the essayist three questions—1st, how he vivified the angle of laceration. 2d, how deep he made his vivifying incisions along the edges. 3d, if he had not had difficulty, in some cases, in determining upon which side of the os the laceration existed? He had himself experienced such difficulty, and believed lacerations of the cervix a potent cause of epithelioma. He asked if in closing lacerations extending high up the cervix there might not be danger of implicating a uretur in one of the sutures?

Dr. Eastman stated that it was claimed by some authorities that the amount of trouble resulting from lacerations of the cervix was in direct proportion to the degree of sub-involution. He did not believe the theory advanced by the essayist, that a stricture was formed above the point of laceration. Menorrhagia, metrorrhagia and leucorrhœa were, in his opinion, caused by hyperplasia of the connective tissue, and not by a stricture. He thought that the most fruitful causes of lacerations of the cervix were the neglect of the use of chloroform and the too early rupture of the membranes.

Dr. Porter reported two cases upon which he had operated successfully.

Dr. Haughton did not believe from his experience that the per cent. of lacerations was as great as given by Emmett. He thought that meddlesome midwifery was the cause of many troubles, and that laceration of the cervix was one of them.

Dr. Newcomer asked if there were any statistics in regard to the frequency of lacerations from breach presentations?

Dr. Watterman reported two cases of eversion of the uterine mucous membrane. The os in both cases presented the appearance of laceration. Both ladies, were unmarried, of good family, and denied ever being pregnant, still he was compelled to believe otherwise.

Dr. Harvey, in closing the discussion, said in answer to Dr. Chambers' questions, that he vivified the angle by drawing down first one lip and then the other, and carefully paring the surface with scissors. In paring along the edges he cut away all the cicatricial tissue. If this was not done, there was liable to be a fistulous opening left. He had had the same difficulty in determining the side on which the laceration existed; and thought the only way to definitely tell was to draw both lips of the uterus down with tenacula, and make them fit. Did not know of any statistics in regard to lacerations of cervix by breach presentations. He thought there was no danger of involving a uretur on account of their being placed too low down. But there was danger of passing your needle into Douglas' cul-de-sac or into the bladder. Catgut sutures were too rapidly absorbed, he having seen them completely taken up in twenty-four hours. If the patient had ever suffered from cellulitis or peritonitis, the uterus should by no means be drawn down. Bennett claims that if you cure the inflammation the flexions of the uterus will take care of themselves. Hodge claims that if you cure the flexion, the inflammation will take care of itself. The careful man weighs the views of both.

SELECTIONS.

A CASE OF RECURRENT HÆMATINURIA.

BY W. JONES-MORRIS, M.R.C.S., ENG., ETC.

[British Medical Journal.]

I have the pleasure of bringing before your notice to-day a case which was of great interest to me for some months, and one that is comparatively speaking unusual, and therefore not unworthy of our consideration. It is a case of Recurrent Hæmatinuria, a term perhaps novel, but I think justified by the history and symptoms.

The disease hæmatinuria has been described under various names by different writers on the subject, *e.g.*, Intermittent Hæmatinuria, by Harley and Dickinson; Paroxysmal Hæmatinuria, by Greenhow; Intermittent or Paroxysmal Hæmatinuria by Sir William Gull, Legg, Begbie, and our countryman, William Roberts. The object of the different writers in their nomenclature has been to convey the idea of the presence in the urine of hæmatine or hæmato-globuline; and that occurring paroxysmally or being of an intermittent character, such intermittency varying in the several cases related, from a few hours to a few days. But in the case I will lay before you, the hæmatinuria only occurred for a few days in every four weeks: so that the term "intermittent" or "paroxysmal" is hardly appropriate, and I have designated it recurrent or remittent, as I think one of those terms conveys the peculiar nature of the case better than the others mentioned.

T. G., aged 10, an intelligent, well developed and healthy looking lad, had been suffering, September 27, 1877, for some days from a partial suppression of urine, so little being passed that his mother became alarmed, and owing to its continuance called me in. He had slight puffiness of the face, especially under the eyes, no dropsy or swelling of the feet, complained of no pain in the lumbar region, or in fact anywhere; the conjunctivæ were quite clear, and there was nothing icteric in his complexion, and no swelling of or pain over the liver. The urine was high-colored, and contained albumen to the extent of one-fourth.

The only cause that could be ascribed for the symptoms was, that he had a few days previously got a wetting while sailing some model yachts, a pastime of which he was fond, and, as may be imagined, he often became wet and was repeatedly sitting for hours with wet feet.

As the suppression was the leading symptom, he was ordered to bed; fomentations were applied to the loins, and an effervescing citrate of potash mixture given, with benefit; but, before the kidneys were restored to their normal activity, he was seized on the 29th with convulsions, which, under chloral-hydrate in ten-grain doses, every two hours, were stopped.

On October 5th, his urine became of a very dark color, almost suddenly, but was voided in natural quantity; and with this he complained of great pain over and around the umbilicus, but none over the loins, even on firm pressure. In three days after this a most extensive crop of petechiæ appeared on the legs and thighs, but not on the body, more marked on the legs and knees than on the thigh, and on the knees being almost scarlet and seemingly coalescing, so that when closely examined they resembled minute arterioles on the skin. After their appearance, the urine began to regain its normal color, although darker; and subsequently to this return toward the normal state of the urine the petechiæ disappeared, but the pain around the umbilicus continued along with flitting pains in the joints, particularly the shoulders and knees, but unaccompanied by any swelling.

The urine during the attacks was of a dark mahogany color (No. 9 Vogel), was alkaline, of specific gravity 1022, and albuminous to the extent of three-fourths to one-half, and contained, under the microscope, some granular matter, oxalates, and one or two faint granular tube-casts, but no blood-corpuscles. He was given Easton's syrup, in the hope that the iron, by its hæmostatic powers, would prevent hæmaturia to deal with; but little benefit resulted, as the urine was still considerably darker in color than normal, and the proportion of albumen, although decreased, was still one-eighth to one-fourth.

In the beginning of November, the urine again became darker in color, and eventually to 9 Vogel, again followed by a petechial crop, and, as a consequence, a diminution of the hæmatin. When examined microscopically, it retained the characteristics already mentioned, and still no blood-corpuscles. His medicine was now changed to seven minims of spiritus turpentine every four hours, which seemed to be acting well, as in about ten days after this treatment was adopted the urine became normal in color, but a faint trace of albumen was still present.

At the beginning of December, he was again similarly attacked, with the same development of the petechial crop, for a few days, and, with its cessation, an improvement in the urine.

On January 1st, 1878, the urine again returned to its abnormal state, the petechiæ successively appearing and disappearing with diminution in the color of the urine.

I now changed his medicine to five grains of the chloride of ammonium four times a day, this drug being much lauded by the late Dr. Warburton Begbie in hæmaturia. In a few days, his urine became almost normal in color, and a very scanty precipitate was the result of the addition of nitric acid.

On February 3d, the urine again became darker in color, but not nearly so marked as in the former "attacks;" this was not followed by the petechial crop; the attack, if I may so call it, only lasted two or three days. He was advised to continue the medicine, and he has not had any recurrence of the symptoms, and in June, 1878, was as strong and healthy as ever he was, and his urine in a perfectly healthy condition.

In the imperfect and hasty history narrated, you will observe the disease appeared as the result of a cold, which is regarded as one of the exciting causes of this, as of almost every other disease; but although the onset may be fairly attributed to it, the subsequent course and recurrence of the disease cannot, as during the whole time he was under treatment he was confined, for the most part, to his bed, and most rigidly to his room, which had a fire lit night and day, so that the chances of his fresh "taking cold" were reduced to a minimum. Another cause assigned for this disease is hepatic derangement; as in a case of Dr. Harley's, whenever the urine assumed a darkened color, a congestion of the chylopoietic viscera, of a transient and periodic character, was the precursor; but, in this case, there was no trace of any complication of the liver, whatever. A third, and one on which Dr. Wm. Roberts lays great stress, is ague, and he clearly traces two out of four cases narrated to malarial origin; but in this case there was no trace whatever of it, not even the invading rigor peculiar to diseases arising from cold.

Dr. Begbie, however, in his able article, says, "According to our present knowledge, unquestionably defective, I think it very probable that in paroxysmal hæmaturia the primary morbid change takes place in the blood. The kidney, however, speedily suffers;" and further on he states, "that the renal function should be so seriously, although only temporarily influenced, so as to determine the passage of either albumen, blood, or blood-coloring matter, it may, I think, be presumed, and more particularly in the latter case, that some morbid change in the blood itself, although it has as yet eluded detection, has existed, probably some pro-

duct of faulty hepatic function being the *fons et origo mali*," thereby coinciding to some extent with the experience of Dr. Harley.

Of the symptoms demanding a passing notice are the following:

1. Pain in the joints has been mentioned by Dr. Roberts as having occurred in one of his patients, but there was, accompanying it, swelling which was not present in this case; there is no doubt it was of neurotic, or what amounts to the same thing, rheumatic character.

2. Pain over the loins was almost a constant symptom in the cases quoted, but in this case there was a marked absence, even at the time it would have been most expected; viz., before the outbreak of hæmatinuria, although undoubtedly the pain around the umbilicus was analogous to it, and dependent on the kidney-affection, as all medicaments to relive the bowels were worthless.

3. The presence of excessive coloring matter of the blood in the urine was the chief symptom in this case, and is the crucial and distinguishing symptom of the disease. The urine was of a dark port-wine color during the height of the attack, and contained no blood corpuscles, but only granular matter with urates and oxalates.

4. There was one symptom in connection with this case which throws some light upon it, viz., the petechial eruption which generally appeared two or three days after the onset of the attack, and was followed by a diminution of the blood color in the urine. The presence of petechiæ opens a doubt whether this was really a case of hæmatinuria, or whether it was not a symptom or concomitant of purpura; the presence of both symptoms no doubt lead one to infer that the disease is really of a purpuric origin, but there were in this case none of the manifestations of purpura, such as spongy gums, epistaxis, or melæna, that would have been expected in such a condition.

If Dr. Begbie's view be adopted as to the causation of the malady, hæmatinuria is essentially of a blood-origin, and that the circulatory system is surcharged with effete material that, under normal circumstances, would have been eliminated by the kidneys, and they, having too much stress or pressure brought to bear upon them, fail to excrete the excrementitious matter. The blood, according to Dr. Begbie, relieved itself by throwing out some portions in the form of petechiæ; one would, however, have expected that, in such a case, they would have been general and not confined to the lower extremities; and the non-selection of the mucous surfaces, where purpuric extravasation invariably takes place, is an important diagnostic mark to the exclusion of purpura. The microscopic appearances allay any doubts on this point, as in purpura there is, along with the other symptoms, blood in the urine, whereas here we had only the blood-coloring matter.

Treatment—All remedies seemed to be of no avail, except the chloride of ammonium, which Dr. Begbie recommends; and the good effects he had seen following its administration in relieving neuralgic affections, warranted him in concluding that it would exert a beneficial influence on a disease in which he considered that a disturbance of the blood and nervous system co-existed.

NOTE, January, 1883.—This lad has been in good health ever since, and follows the precarious occupation of a sailor; but, notwithstanding the inclemencies incident to his vocation, he has not had any return in any degree of the symptoms detailed.

NAPHTHOL has been recommended (New Remedies) as an effective remedy against excessive sweating of the palms of the hands, foot-soles and axillas. These places should be moistened once or twice daily with a mixture of naphthol, 5 parts; glycerin, 10 parts; alcohol, 100 parts, and afterwards dusted, either with pure starch or with a mixture of naphthol, 2 parts; starch, 100 parts. In the case of sweating feet, small pellets of antiseptic cotton are dipped in the powder and placed between the toes.

BOOKS AND PAMPHLETS RECEIVED.

FIRST ANNUAL REPORT of the Provincial Board of Health of Ontario, being for the year 1882. Printed by order of the Legislative Assembly. Pp. 187. Toronto: 1883.

FORTIETH ANNUAL REPORT of the Managers of the State Lunatic Asylum at Utica. For the year 1882. Pp. 103.

TRICHINÆ; Their microscopy, development, death, and the Diagnosis and Treatment of Trichinosis. By W. C. W. Glazier, M.D. Pp. 20. Seventeen wood-cuts. Detroit. Illustrated Medical Journal Co.

REVIEW of the Drug trade of New York, for the year 1882. By D. C. Robbins. Pp. 12, 1883.

PROPOSED Ordinance and Rules and Regulations for regulating the plumbing, house drainage, registration and licensing of plumbers in the city of Philadelphia, as reported by the Committee of 21. Pp. 14. Philadelphia: P. Blakiston, Son & Co., 1883.

QUARTERLY REPORT of Medical Officers United States Army, with their Stations and Duties, as reported to the Surgeon General. April 1st, 1883. Pp. 11. Washington: Surgeon General's Office.

THE BACTERIA. By T. J. Burrill, Ph.D. 8 vo. Pp. 65. Illustrated. 1882.

The Weekly Medical Review.

Vol. VII. No. 15. CHICAGO AND ST. LOUIS, APRIL 28, 1883. Terms: $3.00 a Year.

In a recent number of the Berliner Klin. Wochschft., Dr. Sonnenburg, of Berlin, has described a new operation for neurectomy of the inferior dental (Centralbl. f. Chirurgie). He begins by an incision one and a half cm. in front of the angle of the jaw, running up the ascending ramus for three or four cm.—corresponding roughly to the insertion of the massetor. The inner surface is then to be cleared up to the internal lateral ligament, usually two or three cm. from the angle. The insertion of the internal pterygoid must be separated, and then the ligament and nerve may be seen. A strong blunt hook is then passed along the finger, and the nerve hooked up without disturbing its neighboring artery, which lies close to the bone. The lingual nerve is quite to the inner side and is not meddled with. The nerve so secured can be stretched down towards the angle and a portion excised. The advantages of this method are that the wound is very small, the bleeding is insignificant, the capsule of the submaxillary gland is left intact, no burrowing of pus can occur, the nerve is easily found; a good piece can be excised, the wound heals rapidly, and the scar is small.

At a meeting of the Pathological Society of London (Med. Times and Gaz., Dec. 20, 1882), Mr. Bowlby exhibited three specimens of intestinal polypi illustrating different varieties of the same. 1. In a man, aged 64, who had had no bowel symptoms, were found diffuse polypoid growths throughout the colon, commencing just above the ileo-cæcal valve, and in both mucous and sub-mucous tissue. 2. A polyp was removed from the rectum of a girl of twenty-four, who had no intestinal symptoms but slight constipation. After removal and escape of some of its fluid it weighed nearly two pounds. 3. A polyp of the small intestine removed from a child of five years. The child was seized with severe pain, next day passed blood by the bowels, and after that mucous. After ten days a mass presented at the anus, which came away, and part of it was recognized as vermiform appendix. She recovered, but died some months later of congenital syphilis and peritonitis. A polyp was found in small intestine only eight inches from anus, the colon and cæcum having disappeared by sloughing. A short distance below the polyp was an annular cicatrix, showing junction of ileum and rectum.

At a meeting of the Royal Med. and Surg. Society, Dr. Ralfe claimed for Dr. Law, of Hastings (Brit. Med. Jour.), the credit for first recommending nitrate of sodium in the treatment of epilepsy, and for assigning his theoretical reasons therefor in the Practitioner (June, 1882). Sodium nitrite resembles in its action amyl nitrite and nitro-glycerin; its advantage being that its effects while slower, were more permanent. The dose should just escape producing physiological effect. The drug should be pure. Of seventeen cases thus treated three were unimproved, one was doubtful, four received slight benefit, and nine were most decidedly improved. The author drew the following conclusions: 1. Those cases in which the bromides are of marked service are not suitable for the nitrite. 2. Those cases in which the bromides do not agree well will be probably found to improve under the use of the nitrite. 3. When the bromides are losing their effect, or when there is bromism, sodium nitrite is useful for a change. 4. There are a class of cases of minor convulsive attacks often occurring at night, in which the nitrite is decidedly useful.

Last year Partzewsky brought before the Moscow Medical Society (Lond. Med. Rec.) a most interesting case of pericardial effusion treated by repeated tapping, and finally by incision of the pericardial sac and subsequent drainage. The author discusses the operative treatment of pericardial effusions, and sums up his views thus: 1. In a vast majority of cases puncture, aspiration or even incision and drainage are not attended with danger. 2. Operation brings rapid relief, and its palliative usefulness is not denied by even the opponents of all operative interference. 3. In the absence of such complications as tuberculosis, cancer, organic changes of the heart, etc., the operative treatment of non-purulent pericardial effusions may prove successful in the majority of cases. 4. In cases of purulent pericarditis it is perfectly justifiable to try an early operation in order to prevent dilatation and fatty degeneration, which generally supervene here very rapidly.

Another instance showing the possible causal relation between diabetes insipidus and some central lesion is related by Flatten in the Arch. f. Psychiat. (Med. Times and Gazette). A young man sustained a severe injury of the neck and occiput, left side, causing temporary loss of consciousness, variable diplopia and impaired hearing at the other side. Almost immediately polydipsia and polyuria set in, and later boils made their appearance. When seen by Flatten, the patient had paralysis of the left sixth and partial paralysis of the right. Sounds were only conveyed by the solid parts of that side. There was neither sugar nor albumen in the urine, of which he passed twelve *litres* a day. Flatten diagnosed a lesion directly under the left sixth, extending across and involving the right. Iodide of potassium and mercurial ointment relieved the polyuria. This makes the third case on record of the association of polyuria with traumatic paralysis of the sixth.

Diphtheritic Erythema has been observed in quite a number of cases by Dr. A. R. Robinson (Jour. Cutaneous and Venereal Diseases), and he regards the affection as angio-neurotic in character. The skin becomes affected, either in the early stages of the disease or at a late period in some severe cases of blood-poisoning. A diffuse erythematous rash of variable extent appears at the commencement of diphtheria or upon the second or third day. It may occupy the whole body or only a portion. It is rarely seated upon the head. In color it is from a bright-red to a pale-red. In some cases the rash is not a diffused erythema, but presents a mottled appearance, normally colored skin alternating with pin-head sized erythematous spots as in many cases of scarlatina. The redness easily disappears upon pressure. There is no elevation of temperature, burning or itching. It is met as often in mild as in severe cases of diphtheria. The only eruption with which it might be confounded is scarlatina, and sometimes the difference can only be established when desquamation is observed or not. When the erythema is due to septic poisoning it is generally limited in extent, and commences as pin-head sized or larger erythematous raised spots of a bright red color, and has a great resemblance in general to erythema multiforme. It neither itches nor burns, nor does it desquamate. Occasionally, it leaves a slight brown pigmentation. In fatal cases the eruption continues until death; new spots frequently arising, or the old ones, after reaching a certain size, remaining as elevated rings or patches. The appearance of the eruption generally signifies a fatal termination. The author has observed about one hundred cases in which the early rash appeared, and about thirty in which the septicæmic variety was present, and all of the latter presented the character of erythema multiforme, this being also the experience of Prof. J. L. Smith.

The Comparative Mortality of meningitis and typhoid fever is discussed in the Paris Médicale. In 1882, the figures were higher than in the preceding year on account of the epidemic they have just passed through. There were 3,298 deaths. A great alarm was spread by the press, which did not take into consid-

eration that there is another disease furnishing a mortality almost as large. Tubercular meningitis is the one referred to. Taking the weekly mortality, we see that, in 1882, there were 2,692 deaths due to meningitis, a difference of 606 more for typhoid fever. This is but little, as in years when no typhoid epidemic reigns the mortality is about the same. How is it then that so much excitement is created in one case and not in another? This is easily explained. In tubercular meningitis 2,692 deaths correspond to 2,692 patients about, as very few may recover; whereas 3,298 deaths represent 32,980 patients, admitting a mortality of one in ten or nearly 60,000, with a mortality of one in twenty. Again, another cause of fear is the considerable number of typhoid fever patients scattered in the city and the fear of contagion, two factors which do not enter into consideration with meningitis, whose prognosis is so terrible, and the fear of which is limited to the family in which it occurs.

The Experience of Dr. Carsarini is thus summed up (Med. and Surg. Reporter): 1. Perchloride of iron is a most efficacious remedy in purpura hæmorrhagica. 2. In the chloro-anæmia accompanying certain skin diseases—as rupia, eczema, impetigo, etc. 3. Its external use is very favorable in scrofulous and syphilitic ulcers. 4. Squamous affections are markedly modified by applications of a liniment of perchloride of iron. 5. It may be used as a lotion, dissolved in two or three parts of water, or as an ointment—one, two, or three grains of perchloride of iron to thirty grains of vaseline (cosmoline) or lard The author has used it in psoriasis, in the form of a pomade—ten grains of iron, thirty grains of lard or glycerine.

Bacilli of Tubercle.—The Wien. Med. Blaetter brings a report of Dr. Kowalski's lecture (Medicinal Zeitung) on this actively ventilated subject. The lecturer has come to the conclusion, based upon his investigations, that Koch's tubercle bacilli are a permanent achievement of science of great importance. Since the end of May, 1882, he has examined about six hundred sick, and while it never happened to him that he found tubercle bacilli in non-tuberculous subjects, he has been enabled to find them in most cases of tubercular phthisis, even at a stage when the physical signs and the history of the case did not yet warrant the diagnosis, and which could only be verified in the later stages of the disease, and at the post-mortem. Twenty-two cases which were observed more closely confirmed the fact that the bacilli, which are at first scarce, increase in conformity with the disease, and are sometimes extraordinarily numerous just before death. In cases of pure tuberculosis, the bacilli are not accompanied by other organisms. To the author it appears probable in a high degree that the diagnosis of tuberculosis can be made with a certainty, during the life of the patient, in all cases where tuberculous material can be obtained for examination, by the demonstration of the tubercle bacillus. He recommends isolation of those tuberculous patients which give rise to tuberculous products and by that means spread the infection, and urges the diligent disinfection of utensils used by the tuberculous, and adds that in the Royal Military Hospital, No. 2, he lost in the first half year thirty-one cases of tuberculosis and in the second half year only three. Since the end of May, he separated all tuberculous patients conscientiously, and disinfected their utensils.

Hot-water Retrojection in the treatment of gonorrhœa is advocated by Dr. H. Holbrook Curtis (Medical Record). He says that by means of an apparatus which he has devised one is enabled to pass several quarts of hot water through the urethral canal from the prostatic portion outward, increasing the temperature of the water all the time until 180° to 190° F. may be reached. He has passed as much as ten quarts of water from behind forward in this manner. After the use of the water a mild astringent solution is passed through the same catheter employed for the retrojection, and the instrument is then withdrawn. He gives the results of twenty cases

treated in this way. In twelve of them, cases of undoubted acute gonorrhœa, the discharge was entirely checked in three days. In two cases he succeeded in aborting the disease by one prolonged thermo-injection of ten quarts. In six cases the disease lasted six to ten days, while a case of chronic gleet that had made the round of the profession for nine months yielded in seven days to dilatation and retrojection. He claims for this method of treatment: First. The course of the disease is shortened by, at least, two-thirds, making the average limit of the case—viz., stoppage of the discharge, nearer one week than three. Second. The discharge immediately changes from a purulent to that of the nature of gleet, and is reduced to a very small quantity. Third. There is absence of chordee and pain in passing urine. Fourth. Stricture as a sequel is improbable. Fifth. The usual inconveniences of the disease are done away with. His apparatus consists of an ordinary wooden arm-chair, out of which a piece is cut in the front of the seat to admit a tall cuspidor; a pulley rigged to the ceiling, with which a tin pail with a lamp beneath is elevated; a rubber tube, provided with a stopcock and connection leading from the pail, and to which an ordinary No. 8 English catheter may be fitted. Instead of this apparatus an ordinary Davidson's syringe may be used. The only internal treatment employed is ten five-grain compressed tablets of bicarbonate of soda.

Iodine was given internally by Dr. George H, Carpenter (Medical News) in two cases of snake-bite with very great benefit. The first case had been struck by a copperhead snake on the instep of each foot, and in five hours both the extremities were mottled and swollen to the knees; countenance was pale and anxious; breathing labored; pulse vacillating; he had vomited repeatedly, and there were muscular twitchings throughout the entire body. Poultices made of raw onions reduced to a pulp had been used. These were removed and the legs painted with iodine, and fifteen drops of the compound tincture of iodine given internally in a third of a glass of water, and the poultices were then reapplied. In about half an hour the pain began to subside, and improvement in all the constitutional symptoms took place, and in one hour after the single dose of iodine was administered the patient was comfortable and cheerful. The local application and a dose of ten drops of the tincture were repeated every three hours for several days, the patient making a good recovery. The second case was bitten on the hand, and the same treatment adopted with a like result.

La France Medicale says (Med. and Surg. Reporter) that, according to a communication received from Dr. Chauffard, the occurrence of multiple superficial abscesses and that of polyuria are two signs of convalescence in typhoid fever. The Lyon Médical states that M. Manjot, in giving a description of an epidemic of scarlet fever at Belley, said the defervescence was always marked by an extraordinary slowness of the pulse This slowness could not be attributed to a nervous or cardiac lesion, nor to the treatment or any toxic influence. It appeared on the fifth or sixth day, when the eruption began to fade and continued during the desquamative stage until convalescence. The pulse fell to 44 and 46 for eight or ten days, and then slowly rose to 60. The slowing was a sign of near recovery

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In the Treatment of sciatic neuralgia Prof. Dujardin-Beaumetz (Medical News) has been in the habit of employing a long narrow blister, three centimetres in width, and extending the whole length of the thigh. This is applied as near as possible over the course of the sciatic nerve, and he says in regard to it: "I can, from experience of its utility, recommend this as a most excellent mode of treating sciatica."

A Correspondent of the Med. and Surg. Reporter says, that he has found that a solution of salicylate of soda, when applied to the everted lid in cases of granular conjunctivitis, will almost instantly relieve the pain following the use of sulphate of copper.

In Murchison's classical account of typhoid fever, orchitis as a complication receives no mention at all (Lancet, Dec. 9,1882). Nevertheless, numerous cases have of late been recorded. In 1867 Bouchut described such a case; and Duffey, in Malta, saw eighteen such cases during that same year. In 1881 Ellis described in the Lancet its more or less frequent occurrence in Mediterranean fever. Recently, in L'Union Médicale, Sevestre has added some interesting comments on the complication. The affection usually comes on suddenly, and during convalescence from two to even twenty days after cessation of pyrexia. Its onset is usually attended with fever, while violent rigors may occur. In such a case the physician may think he has to do with a relapse, and the testicle should be always examined. Very rarely the orchitis comes on before the primary fever is over. Seldom, too, does the attack go beyond the congestive fever. Subsequent induration of the epididymis is not rare, and atrophy of the testicle resulted in one case.

In the report (Dr. Harris, in Am. Jour. Med. Sci.) of the Mission Hospital, Foochow, China, Dr. Osgood relates some interesting things concerning native medical practice. The native method of curing a dog-bite is to draw a circle around it and write the word for Tiger in it, the tiger being more than a match for the dog. Consumption is treated by various remedies, one of which is prepared by boiling a placenta in an earthen urinal, which has seen long service, for two hours, when it is to be made into pills or eaten in substance. Believing in the *similia similibus curantur* theory, and mistaking the purring of a cat for asthma, they administer the excrement of the animal for this disease. Believing also that syphilis and various ulcers are due to some malignant poison in the body, they prepare a nostrum known as the "five poisons," which they administer in pills. It is composed as follows: Pulverized Dried Snakes, ℥j.; Wasps and their nests, ℥ss.; Centipedes, ℥iii.; Scorpions, ℥vi.; Toads, ℥x. These are ground up and mixed with honey, and then formed into pills. In a Chinese *Materia Medica* Dr. Osgood found *bat excrement* as a remedy for cataract, ague, eczema, opacity of the cornea, and abdominal pain. *Dog flesh*, of a yellow animal, for dyspepsia; of a black one, for kidney disease. *Urine of a white horse* for worms, obstinate vomiting, *loss of appetite*, etc. Dr. Osgood says in conclusion, "We would be glad to have those good people in New York and San Francisco, who patronize the itinerant Chinese quacks, read these notes, and trust they may get good from the reading." Think of privy maggots, washed, dried, fried and pulverized and made into pills as a remedy for worms, syphilis and skin diseases; and of the scrapings of old commodes as a remedy in the after treatment of parturition.

From an Investigation made to determine the effects of the medicinal administration of some remedies upon the proportion of hæmoglobin in the blood (Medical Record), Dr. Fenoglio, of Turin, concludes that the iron preparations vary considerably in their effects. Fowler's solution increases the hæmoglobin, and this becomes more marked the longer it is given. Notwithstanding the general opinion to the contrary, the administration of Fowler's solution is indicated in anæmia, chlorosis, and in general in all conditions in which there is a decrease in the hæmoglobin, for the influence of this agent is very evident in increasing the proportion of the hæmoglobin. Its use also increases the appetite and produces general improvement in the bodily appearance and condition.

The Employment of Iodine for the relief of the vomiting of pregnancy has been somewhat in vogue for a number of years. And while the success attending its use has been pointed out with more or less enthusiam, its exact value has never been established. Dr. T. T. Gaunt (Amer. Jour. Med. Sci., April, 1883) has for a number of years been employing the compound tincture of iodine in drop doses in nearly all forms of emesis, and reports thirteen cases of the most varied character, in all of which vomiting was promptly arrested by the use of the drug.

In three cases of puerperal septicæmia reported by Dr. T. Johnson Alloway in the Canada Medical and Surgical Journal, the treatment consisted in washing out the uterus with a three per cent. solution of carbolic acid, and the introduction into the cavity of suppositories of iodoform ten to fifteen grains each. The results obtained were very gratifying, the temperature soon falling to normal and the patients making good recoveries. In only one of the cases, the most serious one, was any internal remedy used, she taking one dose of twenty grains of quinine. Speaking of the use of iodoform in such cases, he says: Its chief virtue rests in the slow and continuous giving off of its vapor, so that once the endometrium becomes thoroughly coated over with the powder, and there are occasional simple washings practised, say night and morning, the uterus becomes an aseptic chamber.

A correspondent of the Cincinnati Lancet and Clinic, writing from Vienna in reference to the tubercle bacillus, and the recent work of Spina on that subject, says that the conclusions arrived at by Spina in regard to the methods employed by Koch are, first, "I must deny the statements of Koch and Ehrlich, that solutions of the aniline dyes must react alkaline in order to stain the so-called bacillus tuberculosis." Second, "I must furthermore deny that acids do not enter the bacilli of Koch." Third, "I must again oppose the statement that aqueous solutions of vesuvin do not enter the bacilli." Fourth, "I must deny that bacteria, standing in no causal relations to tuberculosis, react in a different way with coloring matter from the bacilli found by Koch." Fifth, He denies that the bacilli of tuberculosis are characterized by certain features as regards form, size, etc., and says that they vary within wide boundaries in both size and form, and that it is as unreliable a characteristic as the peculiar reaction with aniline dyes. Sixth, He denies the statement of Koch that the bacilli of tuberculosis occur constantly in the tuberculous organs of man. He says the statement is too far-reaching; in many cases examined he had never found any bacilli. Seventh, He never found bacilli in the tubercles which stood in no connection with the open air—the serous membranes of the body. He says: "I have examined one hundred and fifty mesenteric and omental tubercles in the most various stages of their development, according to Koch's and Ehrlich's method, and found bacilli in *not one* case." Eighth, He criticizes the insulation experiments made by Koch with purified bacilli, and says that the specific character of tuberculosis has not been proved by them, and concludes by saying that the statements of Koch "that the bacilli discovered by him are the cause, the contagion of tuberculosis, must at least, as far as experiments have shown so far, be looked upon as not proved. He holds that the bacillus is not so much the cause of tuberculosis as the result.

For the Detection of Albumen, Dr. Johnson recommends (British Medical Journal) that picric acid should "be used in the form of a saturated aqueous solution, or in the form of powder or crystals. The aqueous solution is most suitable for home use, while the powder or crystals may conveniently be carried in a pocket urinary test-case. A saturated aqueous solution may be quickly made by adding about fifty times the bulk of boiling distilled or rain water to the powder or crystals; a portion of the acid will crystallise out on cooling, leaving a transparant yellow supernatant liquid. This solution being added to an equal volume of albuminous urine in a test-tube, immediately coagulates the albumen. The coagulated picrate of albumen is soluble in alkalies; if, therefore, the urine be highly alkaline, it must be acidulated by a vegetable or mineral acid before adding the picric acid solution. In my numerous testings for albumen with picric acid, I have not once found it necessary to acidulate the urine. The picric acid solution is itself sufficiently acid to dissolve the phosphatic sediment which results from boiling a neutral or alkaline specimen of urine. To detect a very minute quantity of albumen, the following method is the best. Into a test-tube about six inches

long, the urine is poured to within two inches of the top; then, the tube being held in a slanting position, about an inch of the picric acid solution is gently poured on the surface of the urine, where, in consequence of its low specific gravity (1003), it only partly mixes with the upper layer of the urine; and, as far as the yellow color of the picric solution extends, there will be more or less turbidity from coagulated albumen, contrasting with the pellucid unstained urine below. If, then, the tube be placed in a stand, the coagulated albumen will gradually subside, and form a delicate horizontal film at the junction of the colored and the unstained stratum of urine, the yellow liquid above and the uncolored urine below being quite free from turbidity. If the urine should be turbid with urates, it must be cleared by heat before the addition of the picric acid solution. As a result of numerous observations, I have arrived at the conclusion that picric acid applied in this way is a more delicate, and therefore more trustworthy, test for albumen than nitric acid in cold urine, whether the latter be employed by the method of dropping the acid into the cold urine, or by pouring the urine on the acid previously placed in the tube. The simplest and most satisfactory mode of comparing the two tests as regards their relative delicacy, is to dilute a specimen of albuminous urine until one or the other test fails to act; and it will be found that the picric acid solution shows the presence of albumen in a specimen diluted considerably beyond the point at which the nitric acid fails to give any indication. The picric acid too often causes an immediate albuminous opalescence in specimens in which nitric acid only slowly, and after an interval of some minutes, gives a similar, but sometimes a doubtful, indication." Dr. Johnson also describes a new process by which picric acid can be employed for detecting the presence of glucose in the urine."

It is a Pleasure to read that the disreputable "*United States Medical College*," of New York, and the notorious Dr. Robert A. Gunn, its chief, have been effectually (we hope) "squelched" by the state Supreme Court. It was adjudged that the "college" was never properly incorporated, and that it has never possessed the franchises of a college; and the defendants were enjoined from hereafter acting or assuming to act as a medical college in any way, while they were compelled to pay the costs of the suit instituted against them by the people. Moreover, all the clerks in the Bureau of Vital Statistics were instructed to reject all death certificates signed by "graduates" of the college, and to report the cases to the coroner.

Micrococci are now positively declared to be the cause of erysipelas by Dr. Fehleisen, Bergmann's Assistant (Medical Record). He has isolated them, cultivated them on gelatine through fourteen generations. He then inoculated rabbits, and also men, with the pure organisms, and produced in most cases a typical erysipelas. The inoculations were made in seven patients who were suffering from lupus, cancer, and sarcoma. One case of lupus was almost completely cured, in another case the cancerous tumors disappeared, in another of fibro-sarcoma the tumor diminished in size. In the other four cases no especial effect on the tumor was noticed.

In the Gazette des Hôpitaux (1881, No. 112) Meunier reports a singular case of rupture of the ligamentum patellae during the course of a chronic rheumatism. The patient was going up stairs and suddenly felt something give way at the knee. Examination revealed a separation of the ligament as above and a hæmorrhage into the space below. Suitable apparatus was supplied and in due time patient left the hospital.

For the Relief of the laryngeal and bronchial irritation attending all the stages of an ordinary attack of bronchitis, Prof. A. C. Post highly recommends (New England Medical Monthly) the following: ℞ Ol. Amygdal Dulc, ℥ss; Mucil. Acaciæ, ℥ijss; Syrup Tolu, ℥i; Chloroform, ʒi; Morphiæ Sulph., gr.j. M. Dose, a teaspoonful once in four hours.

A Case of Traumatic Tetanus lasting forty-two days, ultimately recovering, was reported by Mr. Howard Marsh at a meeting of the Clinical Society of London (London Lancet). The patient, a boy eight years of age, had been injured by a tram car which passed over his foot, severely crushing the three inner toes. Gangrene set in and ten days afterwards was followed by tetanus, which rapidly increased in severity and was attended by frequent and urgent spasms Syme's amputation was performed, which had the effect of diminishing the frequency and violence of the spasms, but for the next thirty-five days tetanus was severe. It then gradually subsided and ceased altogether on the forty-second day. The wound healed slowly, but was closed at the end of a month. The treatment consisted in abundant fluid diet, frequent nutritive enemata, and chloral and bromide of potassium per rectum, and hypodermic injections of morphia. No decided benefit was derived from the chloral and bromide of potassium, but the morphia injections always procured rest, though only for short periods. On many days upwards of two grains were injected, as much as five-twelfths being given at a time, without any bad effect being produced.

In Concluding a paper in the April number of the American Journal of the Medical Sciences, on the subject of "Typho-malarial or Continued Fever," Dr. R. D. Webb says: "Seeing, then, that fevers are so closely allied generically, and that even when separated into species there are striking resemblances; that pathological researches do not establish a constant anatomical lesion, which is pathognomonic of anyone of them; and that ulceration of Peyer's glands (claimed as characteristic of typhoid fever) is frequently found in other diseases, we are justified in claiming that a continued fever, occurring under circumstances which point to a miasmatic origin, although it may present many of the vital phenomena of the typhoid fever, and occasionally its recognized anatomical lesion, is still malarial fever. There remains, to his mind, but one other explanation of these continued fevers, viz., that they are to be regarded as atypical typhoid fevers, originating *de novo*. But, admitting the origin, *de novo* of typhoid fever from animal miasm, and that possibly it may have thus originated in the example he has given, even the warmest advocate of this view will be unable to bring those sporadic, isolated cases which occur again and again in malarial but otherwise salubrious and healthy country localities, within the rôle of such instances as are claimed as establishing this mode of origin. The natural conclusion, taking all the facts into consideration, is that they are malarial fevers of a typhoid form, using the term typhoid, not in a specific sense, but as indicating a typhoid condition of the system.

Quoting from the Revue de Therap. Med-Chir., the Medical Times says: Dr. Planellas, of Barceloma, in cases of tubercular disease of the lungs when hemorrhage occurs, uses ten centigrammes of sclerotinic acid given in a pill, repeated every half-hour or less frequently. In urgent cases it may be administered hypodermically. It commences to act in doses of two centigrammes. Sclerotinic acid, obtained from the ergot of rye, is feebly acid, is soluble in water, and without much taste. It diminishes the excitability of the medullary centers and lowers the blood-pressure.

The Cataleptiform State of the Muscles after death from bulbar or cerebellar disease, according to Brown-Séquard, differs essentially from cadaveric rigidity (Progrès Médical), and he has made several experiments which demonstrated that these post-mortem phenomena have no relation whatever. They may both co-exist in the same subject, but the cataleptic state shows itself before rigidity; it does not disappear as the other by violently contracting the muscles of the animal, and, if it is produced on one side by a unilateral bulbar lesion, it does not yield to the manipulations which suffice to render pliant the opposite side affected only with cadaveric

rigidity. This cataleptiform state, which follows lesions of the bulb and of the cerebellum, also shows itself, in a less degree, after crushing of the head or section of the cervical medulla. It is a difficult matter to explain the nature of this phenomenon: Brown-Séquard, basing himself upon the long persistence of this catalepsy after death, believes it to be the result of a special irritation which, although derived from the nervous system, is yet independent of it and acts upon the muscular fibre itself.

At a Recent Meeting of the Berlin Medical Society, Prof. Westphal showed two patients suffering from a very unique affection, which he christened at the time, and very appropriately, "Thomsen's Disease (Medical Record). Dr. Thomsen was a physician of Schleswig, who first described the trouble in 1876, having himself been a victim to it all his life. Since his description, only eight cases have been reported, and none, so far, in this country. The prominent symptom is the following:—when the patient under certain circumstances attempts voluntary movements the muscles undergo tonic contraction, and the movement is stopped or hindered. So after long sitting or standing, if the person tries to move he finds his muscles so stiff that it is at first impossible to stir. The same thing occurs after rapid or vigorous movements. The patient in trying to run or dance, or throw a stone, is overcome with muscular stiffness. Sudden irritations, physical or mental, bring on spasm. If, while walking, the foot strike a stone, the leg becomes rigid and the patient may fall. The spinal nerves are most affected, but the innervation of the face, and even of the occular muscles, is partially interfered with. The smooth muscles are not disturbed. The muscles undergo an increase in volume, though not in proportionate strength. Their electrical reactions are unaffected. Microscopic examination of their fibres reveals nothing abnormal. The reflexes are normal. Sensibility is undisturbed, and the contractions and stiffness do not cause pain. The cause of the disease is not known, but it has a curious hereditary tendency. In fact, most of the cases have occurred in Dr. Thomsen's own family, where it has been traced through four generations. Dr. Thomsen was inclined to think that the trouble had a physical basis, but Westphal believes it to be an anomaly of the muscular tonus. Treatment accomplishes little or nothing. The disease is a highly interesting pathologica curiosity.

By an interesting coincidence, MM. Gilbert and Marie have been studying the same subject, and have had another case of similar trouble under observation (Archives de Neurol,, V. 13). Their patient was a native of Cairo, aged twenty-six. His muscles were not hypertrophied, but were very sensitive to pressure. Tendon reflexes were natural and passive movements did not provoke rigidity. There was no lordosis. There was nothing of note in his family history; the affection commenced when he was about 10 years of age. An account of the disease in Dr. Thomsen's family is given at some length, and also shows that the influence of heredity cannot be denied. In discussing the nature of the affection, the authors seem to agree pretty well with Westphal in considering it to be of muscular origin. They conclude by objecting to the name "spasmodic hypertrophic spinal paralysis," which has been given to the disease, inasmuch as there is no hypertrophy and no paralysis, and no evidence to indicate that it is of spinal origin.

A Case of extremely severe and persistent neuralgia of the fifth nerve, which was finally cured after several operations, is reported by Dr. F. H. Gross, in the Amer. Jour. Med. Sci. The man was sixty-four years old, whose tronble dated back nine years. Internal medication had failed to give relief, and the man was beginning to think seriously of suicide. Nussbaum's suggestion of ligation of the common carotid was first put in practice, August, 1880. Convalescence after this operation was interrupted by a severe pneumonia. Recovery from both was followed by

a large amount of improvement. Electricity was then used for a few months. In April, 1881, neurectomy of the inferior dental nerve was done. In August, 1882, excision of the superior maxillary nerve was made. In November, or three months later, another operation on the inferior dental was necessitated. It was then found that the portion of nerve removed during the second operation had been regenerated. The patient bore these operations well and returned to his home feeling quite comfortably, and when seen five months after the last operation was feeling quite well. The most interesting feature of the case is of course the ligation of the arterial trunk, which, though followed by temporary improvement, had but little lasting effect; though it may be said of it that it made subsequent operations much less complicated, in that the parts were so much the more bloodless.

In a Paper before the N. Y. Dermatological Society, Dr. Morrow reached the following conclusions with (Jour. Cutan. and Ven. Diseases, Nov., 1882) reference to chrysophanic and pyrogallic acids: 1. Chrysophanic acid is perhaps the most efficient agent known to the profession for external treatment of certain cases of psoriasis, especially chronic cases. 2. Its range of applicability is limited; it is contraindicated in children, in patients with sensitive, irritable skins, and in acute cases. 3. Its employment is impossible in psoriasis of face and scalp, on account of its discoloring the hair and causing œdema of the lids. 4. It is prompt in its action, a week or ten days being usually sufficient trial. 5. It does not afford a safeguard against relapses; its curative effect is temporary. 6. It probably acts locally as an irritant, setting up substitutive inflammation. 7. That its employment is always attended with some unpleasant result. 8. Discoloration of the skin, nails or hair, wherever used, and staining of clothing are inevitable when it is used. 9. The erythema and furuncles which at times follow its use may be classed as incidental troubles; while intense dermatitis, resulting in exfoliation of large flakes of skin, has been observed after the application of an ointment of only 10 grains to the ounce. 10. The strength of the ointment recommended by Squire (℥ii. to ℥i.) is excessive; one much milder is abundantly strong to produce all the desired effect. 11. In other affections, e. g. acne, favus, etc., it possesses no advantages over other drugs commonly used. 12. Pyrogallic acid is free from many of the serious disadvantages of chrysophanic. It does not (in 10 per cent. ointment) inflame the skin nor produce œdema, and it causes much less discoloration. 13. It should nevertheless be used with caution. When used for two or three weeks at a time it produces an olive-green or tarry condition of the urine, with prostration, febrile disturbance, and other general symptoms. 14. Its curative action in psoriasis is less rapid but more permanent than that of chrysophanic acid. 15. Its freedom from irritant qualities, absence of odor, etc., render it an admirable substitute for the latter, and for oil of Cade in affections of the face and scalp. 16. Its range of therapeutical applications is also larger. It disperses the nodosities of lupus, the hyperplasias of syphilis, epidermic and papillary hypertrophies, and seems to promote the cicatrization of wounds. 17. By virtue of its stimulant and irritant properties it seems to harden and shrink the tissues, shrivel up unhealthy granulations and act as a hæmostatic.

An Immense Pigment Sarcoma of the vulva, which involved the meatus urinarius and introitus vaginæ, has been reported by Goth in the Cenblt. f. Gynaekol. 1881, No. 20. It had existed two years, but for the last two months had grown very rapidly. The whole growth was removed by careful and patient dissection, and five months after there was no appearance of recidive.

The Micro-organism, plax scindens, has been found by Dr. Fred. Eklund, of Stockholm, in great numbers in the juice and parenchyma of oysters (Medical Record). It is said to be the determinate cause of scarlet fever.

CONTRIBUTIONS.

TUBERCULOSIS OF JOINTS.

A Lecture delivered during the Spring Course of Rush Medical College, Chicago.*

BY ROSWELL PARK, A.M., M.D.

[Lecturer on Surgery, Surgeon to the Michael Reese Hospital, etc.]

GENTLEMEN:

I have now to ask your careful attention to a subject which has been as well-known to surgeons for centuries as its pathology has been misunderstood. I say misunderstood, not only because there has been a lamentable confusion of terms and words, as well as of ideas, but because its morbid anatomy has been only recently clearly made out. I allude to tubercular joint disease, often called scrofulous or strumous; the "Fungöse Gelenkentzündung" of the Germans, the "*Tumor Fongeuse*" of the French, and I would add "tubercular synovitis," were it not that we shall see how the trouble very seldom originates in the synovialis. But, before considering the pathological and clinical features of these troubles, I must digress enough to discuss the signification of the words *struma*, *scrofula* and *tubercle*, which are often to be used and have been in the past sadly confused and mis-used. The word struma is used either to describe those thyroid enlargements which we ordinarily call goitre, or it means the same thing as scrofula;—a derived meaning. The term scrofula (or *Choeras* in the Greek) is sometimes used to designate some particular morbid appearance, and at others to describe or denote that condition of the system, or that diathesis, characterized by certain individual personal appearances and certain pathological products too often found associated. The principal trouble has been that the term has not been confined to an adjective sense referring to a diathesis, but that the effort has been to provide it with some anatomical condition or entity as a foundation upon which to erect a structure of precise and well defined anatomical elements. Just here has come the conspicuous failure. You and I both accept what we call a rheumatic diathesis; but does anyone ever present us with morbid specimens and attempt to point out this feature or that as the rheumatism? The term rheumatism implies a systemic condition, not some peculiar pathological product. So it is with regard to scrofula; if we shall later conclude that that which used to be called a "scrofulous" joint, occurring in a "scrofulous" individual, is really the site of changes undoubtedly of tubercular origin, we need not hesitate to characterize the general appearance of the individual as "strumous," if we will, and hold that his peculiar diathetic condition has predisposed him to the very trouble from which he suffers.

Before considering the question, "what is tubercle?" let me point out to you certain appearances, which are generally accepted as indicative of a scrofulous diathesis:—slender bones; thin, almost translucent skin showing subcutaneous veins; delicately hued cheeks which blush readily, refined features, large eyes, with a bluish sclerotic such as poets love to describe, long drooping eyelids, little subcutaneous fat, thin hands, slender fingers with incurvated nails, a sharply defined red line at the gums near the front teeth; poorly developed muscles, especially those of the neck, which allow the thorax to sink and so appear long, small antero-posterior diameter of chest, wide interspaces, acute angle of junction of ribs to sternum, causing the chest to seem long, flat and narrow, shoulders tipped forward and inner angles of scapulæ tipped up like wings—some or all of these features form a picture whose originals crowd our hospitals and fill up our cemeteries.

Or, on the contrary, instead of these appearances, more than one of which add to the charms of many a Madonna, we may have a type repulsive in its every feature. A large "bull" head with shapeless ears, prominent jaws, thick lips, repellant features, clumsy eyelids, large bones and joints, unwieldy limbs, and everything combining to make the type that which we call "brutish." To patients belonging to one or other of these groups we point the diagnostic finger and say, "We may look out for some scrofulous trouble here;" meaning thereby that the accumulated experience of the past has taught us that in such constitutions we may expect to *more often* find those lesions now known to be due to tubercular infection than in those whose general appearances do not correspond to the above description.

The tendency to ascribe to scrofula almost everything that could not be ascribed to something else has been carried to an extreme. Henle has well said, "Scrofula is the receptacle into which one vaguely casts all the ailments of whose cause we are ignorant that afflict children under fourteen years of age." The term scrofula, like the even more odious term "biliousness," has covered a great many sins in diagnosis.

And now, what is tubercle? At the outset of this inquiry we meet with greater confusion than before. Anatomically, tubercle means an eminence or a nodule; and as originally adopted into pathology it had about the same meaning. After a time it was observed that certain pathological formations or masses frequently met with were of a whitish or gray color, and certain others were of a yellowish hue. By a species of common consent

*Published by request of the class.

the term tubercle was limited to these, which were then designated as yellow and gray. These yellow were later so far differentiated from the gray that they finally lost their name, and, from their resemblances, were then called cheesy or caseous masses. Then the gray tubercle was found to include anatomically distinct elements, and so the term was confined to those grayish, semi-transparent bodies, which were of the size of a millet seed, were more or lass hard or firm under the finger, and were not merely masses of catarrhal exudate as occurring in the lungs.

Moreover, it was in time discovered that these little nodules often became opaque and then underwent caseous degeneration, and that they manifested a tendency to aggregate; so the term miliary tubercle was given to them, and they were supposed to be met with in perfection in a disease by that time known as acute miliary tuberculosis*.

Still later we had a designation of sub-miliary tubercle. And at the present time we are confronted by a minute organism which poses as the prime cause of all genuine tuberculosis, an entity so minute that it requires expert skill with an expert's materials to detect it at all. This is neither the time nor place to discuss critically the subject of the tubercle bacillus, nor am I in any way prepared to enter upon such a discussion. I have led you thus far because the matter of tuberculous joints cannot be entirely separated from the general subject of tuberculosis, but for more complete information concerning the parasitic nature of the latter, I must refer you to the mass of current literature of the last two years and the most recent German works on pathology. If, however, I ask you to accept, at least provisionally, these new ideas, it is only because there is hardly a pathologist deserving the name on the other continent who does not, fully or possibly with some reserve, enlist himself as one of Koch's followers; and it ill becomes us as humble students to reject the work of those whose industry and patience we may wonder at, but I fear never emulate. Besides it is more especially the clinical features of these fungous joint troubles to which I am to direct your attention; although I shall take pains to impress upon you the fact that these features, along with the infectiousness of their degenerative products, can be best understood and their rational treatment can be best directed when we adopt the idea of their parasitic origin.

A few words with regard to the relation of scrofula and tubercle. Each has at some period been regarded as the cause of the other; certain it is, too, that the manifestations of the former are often associated with the appearance of the latter. But I have said enough to indicate that scrofula is only a particular state of the system, or possibly a species of mal-nutrition, and that it is the scrofulous diathesis which predisposes to tuberculosis, or in other words, if we choose to put it so from the parasitic standpoint, that these micro-organisms which may infect any or every system, find their most favorable lodging place in a scrofulous system; that, while they may under certain conditions develop in an apparently perfectly normal individual, they are much more likely, other things being equal, to make themselves at home in a scrofulous than in a non-scrofulous subject. We are forced to acknowledge that a susceptible condition is necessary to their vitality. I am already asked why it is that we do not all die of tuberculosis. Let me ask you in return how it happens that of two children, both exposed, one may suffer from scarlatina and the other escape; the same with varicella or variola. Whatever explains one fact explains the other. *The system must be susceptible, and scrofula constitutes par excellence susceptibility to tuberculosis.*

We are now in a better condition to discuss the so-called strumous joint diseases intelligently. Here, too, we shall find wide differences of opinion, not so much with regard to diagnosis as concerning their pathology. In fact, these differences are almost national. The English and American writers and surgeons, with too few exceptions, regard them as scrofulous, or at least ignore their primary tuberculous nature. The Germans and French, in fact all the continental authorities, do not hesitate to at once declare them tuberculous. Which, then, of these opposing beliefs are we to cling to? Bear in mind the exceedingly careful work done in the continental pathological laboratories and the vast number of autopsies made with scrupulous attention to detail; contrast this with the fact that autopsies here and even in England are made much less often, and when made are too frequently performed in a shabby way, or with neglect of finer details. You will read in many a work in our language an account of an examination of some joint, but fail to discover that the examiner made any section of the bone ends.

If, then, in studying up these topics for yourselves, as of course you will do, you find that some of my statements are at variance with those in such works as Sayre's, it is because I follow the lead of those whom I consider to be vastly safer guides. The clinical features you can get easily from any standard text-book. *Tumor albus* has been known almost from time immemorial; its true pathology has been but lately made out.

Barwell, who is the standard English authority on diseases of joints, makes three stages of what he calls "strumous synovitis:" 1st, a stage of vegetation or granulation from the articular surfaces;

*Treves, "Scrofula and its Gland Diseases." Chap. II.

2d, ulceration of cartilage or articular lamella, marked clinically by the advent of starting pains; 3d, reparative or destructive processes, according as the course of the local disease be favorable or not. Here an error has arisen which is easily explained by a more intimate knowledge of the subject. An incomplete examination of a joint will reveal trouble apparently located in the joint surface, but will fail to show the original disease situated deeper in the bone. While then adopting his classification for clinical purposes, I cannot recommend to you any such pathology.

It is to the Germans that we owe our clearest notions of the pathology of our subject; and of them all perhaps no one has done more to compel recognition of its merits than Volkmann. In various writings he has set forth the *pros* and *cons*, and elucidated the views generally held by himself and his colleagues; and in none more clearly than in one of his series of Clinical Lectures*. As I know of no better exposition of the subject than this in any language, I shall draw on it very largely for what I wish to have you regard as the real pathology of these cases, as nearly as we can state it to-day. I may perhaps also state that personal experience leads me to adopt it for my own guide, otherwise I should never think of commending it to you; and inasmuch as I am unable to indicate any English work to which you can easily have access, where you can find these views adequately set forth, I shall take this occasion to present them to you at greater length.

In the vast majority of cases these troubles commence in foci in or on the bones, and it is the introduction of morbid material from these into the joint which leads to disease of the membranes or bones concerned in them. Frequently these foci are in the diaphyses widely distant from the joint cartilages; they are usually circumscribed, of variable size up to that of a hazel nut, and have either a distinctly caseous or tubercular character. Experience shows that these joint troubles begin as a rule, and in children almost without exception, as osteopathies and not as arthropathies, and usually with a sharply defined tuberculous ostitis or osteomyelitis; while it depends largely on accident whether the affection shall later involve the joint. Given some local tuberculous process in a bone, one of several things may happen. We know that bullets and other foreign bodies are often surrounded with a coating of tough areolar tissue, and thus virtually made harmless Just so localized tubercular products may be encapsulated and thus excluded from all further activity, so that after death they are found thus protected; or when so encapsulated they may be quiet for months or years, and then finally play an active role, as when the patient who has once had them in his system has his vitality reduced by some exhausting disease like typhoid. Thus awakened into activity, they serve as central disbursing stations, and may cause either a local or a general infection. Or instead of encapsulation, atrophy or absorption may finally dispose of these diseased products before general harm has been done. When neither of these happy events occurs the outlook is more or less gloomy. Nevertheless, even at their worst, fungous joint troubles are usually preceded by a stage during which the danger lies latent in the bones; a stage of variable length, which in exceptional cases may last for a number of years. In fact, this period is often long enough so that all accurate account of the original bone trouble has been lost, and the careful surgeon in studying the history of such a case is baffled. The termination of this stage is evidenced when the patient commences to complain of wandering pains in the extremity, and to feel himself hampered in its action.

I have spoken of a tuberculous ostitis; the term may surprise some of you. But there can be no doubt that an inflammation of bone tissue may be of true tubercular origin. Remember what I tried to impress on you during a previous lecture, that you should regard bone as a mass of areolar tissue simply infiltrated with calcium salts. Realizing this, you will have but little difficulty in understanding that tubercle may happen in the bone just as easily as in the lung. Mr. Savory* has recently indicated the many points of resemblance between bone and lung in liability to disease. The cancellous texture much resembles the parenchyma of lung tissue. Both are eminently spongy. In both a vascular halo surrounds the mass of tubercle. In each by the breaking down of deposit a cavity is left. The pleura bears nearly the same relation to the lung that the synovialis does to the bone end; and just as pleuritis is set up in phthisis, so is synovitis in tuberculous ostitis, while suppuration in the joint corresponds to empyæma. In almost every feature, then, the variable progress and effect of tubercle in lung and bone are similar. Furthermore, as in the larger number of cases the tubercular affection seems to locate by preference in the extremities of the lungs, viz., the apices, so in bones it seems as a rule to choose the extremities also, i. e., the vicinity of joints.

Up to the termination of this period of latency the most thorough examination fails to reveal any departure from the norm. Before infectious products make their way into the joint, any disturbance at the articulation is usually of a sympathetic character, caused by proximity of the foci. These

*Volkmann's Sammlung klinischer Vorträge, No. 168.

*Lancet, Nov. 4th, 1882.

reactive processes do, as a rule, establish themselves. The neighborhood of the joint appears swollen or slightly œdematous; the capsule is a little distended—exudation may occur. The synovialis is hyperæmic, swollen, assumes more and more the character of granulation tissue. The synovial fluid may contain enough of lymphoid elements to render it turbid. Or the effusion may be plastic enough to more or less obliterate the features of the joint. If reaction be very great in a very sensitive organization, it may lead thus early to muscular contratures, even in the prodromal stage. Still, strictly speaking, the fungous inflammation of the joint has not yet begun. Indeed, this sympathetic process may proceed so far that often, especially in children, considerable portions of the joint are already ulcerated by the time the foci in the bone begin to empty their contents into it, and we find here suppuration of the entire joint with a large amount of pus in the distended capsule; an *empyœma of the joint*. None the less, however, has this trouble begun as an osteopathy. In comparing the joints, experience shows that trouble at the hip is more often of a suppurative, that at the knee of a fungous character. In the hip the process is often about as follows: Foci in the femoral neck or trochanter, lead by above detailed processes to an obliteration of the joint; the disease spreading, the circumferential cartilage is involved, the head of the femur is separated from the neck, and grows fast in the acetabulum, while the diaphysis being thus loosened at its upper end is dislocated upwards and backwards on the ilium.

Another point is very important. A joint reacts the more violently by sympathetic irritation, or to the introduction of any infectious or poisonous material the more the synovialis is in perfect physical condition; the more the latter is congested, thickened or so infiltrated as to resemble granulation tissue, the less sensitive it is. The protective power of granulating coverings is well-known. It follows from this then that a painless joint may be in a worse actual condition than one which gives a great deal of pain.

I have alluded more than once to tuberculosis of lungs, because, as students, you are probably most familiar with it there; but we can have none the less a true tubercular inflammation of bone. As after examination of the lungs we find caseous masses, which mark the site of previous local foci, just so one finds in bones in long-standing cases of osteomyelitis caseous masses and débris, about which there are left none of the miliary characteristics. It is an error then, probably, to try to make two distinct forms and to recognize osteo-myelitis caseosa as entirely apart from tuberculosis of bone; the former is only an after stage of the latter.

While the primary foci are usually single, they may be multiple, or, extremely rarely, the whole epiphysis may be affected. There are certain sites of predilection where foci are most often found. These are the olecranon, both condyles of the humerus, the femoral neck and internal condyle, the acetabulum and the os calcis. Acetabular coxitis is much more frequent than formerly supposed, and makes thorough eradication of the disease difficult during the operation of exsection.

Special danger to a joint begins when softening takes place in these foci; and this danger is always imminent. If the patient be a child, and the focus so favorably situated that the direction of least resistance is towards the outer world rather than into the joint, the caseous deposit resulting from caseous degeneration of a previous tubercular mass—perhaps of some years standing—disintegrates, and finally by extension of the same process discharges itself externally, inside or outside the joint cavity. The probe passed through the sinus may not touch rough bone, but on operation a sequestrum will be found here. If now the cavity in which it lay be thoroughly scraped out, as well as the sinus, recovery will quickly take place.

I wish next to call your attention to a fact which is strongly confirmatory of the theory of the parasitic origin of tubercule, and that is the extreme infectiousness of all these disease products. "Everywhere, wherever healthy tissue comes into contact with broken down caseous material, or the virus-containing pus, or where the pus makes its way step by step, specific miliary formations display themselves; everywhere these point to the way which the specific products have taken; and everywhere these latter leave behind them matter equally infectious." This fact will serve, when properly apprehended, to explain many clinical features, and to indicate the only rational therapy, which is radical, merciless extirpation.

"If experimentation is needed to prove the infecti ousness of tubercle, and the fact that it is prone to manifest itself in especially sensitive spots, what could be more convincing than Max Schüller's experiments?"* He caused healthy non-tubercular animals to inhale tubercular matter. He then contused one of the animal's joints, and the consequence was a typical "white swelling." Similar results followed joint contusion in some cases where the animals simply lived in contact with other positively tubercular animals; but never where infection was carefully guarded against. These and similar experiments have been again and again repeated with always the same results.

But to return to the main points. Extra articu-

* Experimentelle und Histologische Untersuchungen ueber die Entstehung und Uhrsachen der Scroph. u. Tuberk. Gelenkleiden. (Stuttgart, 1880.)

lar rupture is possible even when the focus is deep in the epiphysis, and, of course, is then most fortunate for the patient, as fortunate as it is rare. Indeed it should lead us to consider how in such cases we may prevent fungous trouble in the joint by early operative interference. Later, when considering osteo-myelitis, I may take time to point out at greater length how these foci may appear in the center of the shafts of long bones, or involve the phalanges and small joints of the extremities—especially in very young children; but our present inquiry is directed particularly toward joint manifestations.

In fungous synovial sacs, after the more or less fluid products of the disease have found their way into the joint and have infected everything with which they have come in contact, we do not always find an easily separated membrane. The fibrous layers of the joint and all its inner portions are studded with granulations and tubercle. These in many cases can hardly be removed even with the sharp spoon. In such cases mere curretting is not enough; total extirpation of the capsule is imperative. This is a practical point of no small importance.

Distinct separable abscess membrane (the "pyogenic" membrane of many) only happens in abscesses of tubercular origin, often called "cold abscesses;" and when not separable, as in the joint as above, it does not contradict their tubercular origin. In a purely traumatic abscess, no matter of how long standing, no such membrane is visible; the membrane studded with tubercle shows always the tuberculous process. Of all the joint structures cartilage is least suspectible to infection, but, like everything else, it yields at last. After destruction of the cartilage the bony epiphyses are exposed to the infective and destructive processes. From them came the first infection, and with their secondary affection the vicious circle is complete, and the picture of a *panarthritis fungosa* is perfect. The tubercles caseify and degenerate, and with them the marrow; new granulations spring up, which destroy another new layer of bone, and finally undergo the same fate, and so the disease advances step by step. Moreover, the effect of the continuous pressure of the bone ends, by tonic, spasmodic muscular action, is to cause rapid shortening. Hence the advantage of efficient extension.

I have already said that those cases in which the synovialis is primarily affected are very rare; fortunate it is that they are so, for they are the most unfavorable of all. That disease known formerly by Bonnet as "cold abscess of joints," or by Billroth as "atonic caries," was probably of this kind. The suppuration is of an indolent character, the granulations are at a minimum, the capsule is distended with pus, and the synovialis is studded with tubercle, while reactive symptoms are more or less insignificant. Most patients who thus suffer soon perish from general infection.

As your knowledge of pathology expands and becomes more exact, you will find that no small fraction of the surgical diseases you may be called on to treat are either of tuberculous origin or have more or less to do with tubercle, and you will ever find that excellent recoveries are made from apparently most serious affection. When a lymph-gland breaks down and its tuberculous — that is to say, infectious — fluids begin to work their way under skin and bone and between blood vessels and muscles, until an immense so-called "cold abscess" is formed, you will find its walls studded with tubercle. When you slit up a rectal or perineal fistula, or scrape out its tuberculous cavity with a sharp spoon, as you always should do, you will find that peculiar-looking débris which you will always learn to regard as tubercular. And so with scrofulous ozæna, ulcerations on the skin, in the ear, in the larynx, and many another lesion; you will learn to regard them as tubercular and, most important, to treat them as such. In all these cases general infection is just as possible as from a fungous joint, but less often recognized. Nor is recovery from most of them any less possible than from a tuberculous joint. Moreover, in children infection takes place apparently with greater difficulty. Of two patients, one an adult of thirty, the other a child of three, both suffering from coxitis, other things being equal, the former is more likely to succumb.

In making autopsies, you will often find that the bronchial and mesenteric glands are enlarged when you find comparatively few other evidences of tubercle. It is a fact which I will not attempt to explain, that these glands caseify very easily, while those of the extremities enjoy great immunity.

According to Volkmann, a primary glandular tuberculosis need not be invoked for an explanation of this; simple catarrh, eczema, conjunctivitis, otitis, rhinitis — any of these suffice, *if the tubercular predisposition* (i. e. scrofula) *be present*, to cause an adenopathy dependent on a true miliary tuberculosis. Or puerperal or any of the continued fevers may produce the same effect. But do not look for enlargement of the inguinal glands, for instance, in a suspected fungous knee-joint.

I would, in addition, urge you not to overlook the influence of heredity in summing up these cases. Patients do not inherit fungous joints, but they do inherit the scrofulous diathesis; and I regard the family history of these cases as of more importance than even in cases of suspected malignant growths.

So much for a brief resumé of the pathology of the subject, for as you study the matter you will find that I have done little more than to simply introduce it to you. It was nevertheless imperative that I should give at least this much time to it, for just in proportion as your views of its pathology are clearer shall your diagnosis be easier and more accurate, your prognosis more reliable, and your treatment more rational.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, April 21.

The Vice-President, Dr. Dudley, in the chair.

DR. FAIRBROTHER reported a case of phlebitis in a man, aged 30, which was not recognized until a week after the attack. There was then pain in the calf of the left leg, and on pressure the vein gave the sensation of a cord in the central and posterior part of the leg. The affection extended up the leg, and there was stiffness and pain sufficient to produce insomnia. The whole internal saphenous vein was involved and became lost at Poupart's ligament, there being occasional spots of swelling. A number of other veins on the inside of the thigh were involved. No history of traumatism could be invoked. There is œdema of the foot, the toes being inclined to be cold. The treatment pursued was antiphlogistic, with hot fomentations and liniments locally. No improvement is apparent.

DR. POLLAK thought this similar to phlegmasia dolens, often observed in pregnant women. It is never seen in man unless the result of traumatism. For that reason the case was certainly an unusual one.

DR. DICKINSON thought the case a proper one for manual massage, with as much pressure as the patient could bear.

DR. WATKINS did not think that massage was proper in such a case, from the fact that it would be difficult to determine to what degree disintegration had gone on, and the manipulation might cause an embolus to be detached. In phlegmasia dolens he bandages the limbs.

DR. OHMANN-DUMESNIL called attention to the fact that the solid rubber bandage had been successfully employed in phlegmasia dolens and might be of service in the present case, providing, as same gentleman said, it was an analogous case.

DR. POLLAK remarked that the analogy was not complete, as in Dr. Fairbrother's case the affection had commenced from below.

DR. FAIRBROTHER stated that manual massage had been employed with some benefit, as also tight bandaging, after thoroughly rubbing with chloroform liniment and applying a layer of cotton batting under the bandage. These did the most good, together with hot fomentations.

DR. JOHNSTON said that phlegmasia dolens was more probably due to lymphatic involvement and was probably septic in origin.

DR. STEVENS lately saw a woman who had a difficult labor, the head being impacted for some time. She had phlegmasia dolens in the left leg, and several weeks later an abscess in the right iliac region appeared. The sentiment of the physicians who saw the case was that it was rather due to stasis than to phlebitis. The fatal results in phlebitis were due either to embolism or pyæmia.

DR. FAIRBROTHER inquired what the source of danger was in phlebitis.

DR. LUTZ answered that the two designated by Dr. Stevens were the most frequent; generally an embolus of the pulmonary structure. He had lately lost a case due to this. A compound multiple fracture of the leg, in which, after amputation, a pneumonia developed in the right lung. He could only account for this by the presence of an embolus of the pulmonary structure, produced by the absorption of pus from the leg. The danger of an embolus in the cerebral structures would be less, unless a very small one be formed. Pyæmia would be the cause of death by the carrying into the circulation of the products of inflammation located in the parieties of the vessel. If these products had undergone any degeneration the life fluid would soon be poisoned. In regard to treatment, rest is the first indication. Dr. L. believes the application of the solid rubber bandage of great value. In varicose veins, for instance, there is no better treatment, and the patient can go about his business in a few days. In the acute stage of phlebitis, the general condition must be attended to. Like Dr. Fairbrother, he found that hot water gives excellent results when applied locally. Ulceration may occur in acute phlebitis, more especially in varicose veins, and, upon the spur of the moment, nothing else being at hand, he has applied a handkerchief dipped in vinegar and a bandage over all until the opening closed. He thought that in phlebitis a tentative rather than any specific treatment ought to be employed.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, April 12.

Dr. M. O'Hara in the chair.

DR. C. M. WILSON presented the following specimens, the notes of which will appear in some future issue, owing to the author's failure to forward the papers to the Recorder:

Case of Invagination of the Ileum;

Case of Large Vesical Calculus;

Case of Multiple Vesical Calculi.

Dr. Guy Hinsdale presented three aneurisms and a specimen of fracture of the base of the skull.

Case 1. — Aneurism of the arch of the aorta. William G., a fireman, aet. 44, was admitted to the Episcopal Hospital September 16, 1881, suffering from pneumonia of the right side, associated with signs of pleurisy. It was noticed at the time of his admission that there was a slight diastolic murmur heard at the aortic cartilage, and that no radial or ulnar pulse could be felt upon the left side.

The pneumonia pursued its course until it ended in death on the eleventh day after admission. Eighteen hours before death occurred, however, after an attack of severe pain along the course of the sciatic nerve, he suddenly became unconscious and his respiration puffing. His pupils were contracted and his left arm rigid. His pulse became at once fuller and stronger than it had been since admission, there being ninety-six beats per minute. Fifteen hours before death the right side of the face was paralyzed. The radial pulse was smaller on the right side than on the left. The right foot was cold and the posterior tibial pulse behind the internal malleolus was just perceptible. Respirations were forty per minute and stertorous. Sweat and urine profuse. Twelve hours before death respirations fifty-seven, temperature 106.2°.

The patient remained essentially in this condition until his death. At the *post-mortem* examination, upon opening the thoracic cavity, the base of the right lung was found in the second stage of pneumonia. There was hypostatic congestion of the left lung. But what at once threw light upon the later features of the case was the presence of an aneurism of the transverse portion of the arch of the aorta. The specimen shows a symmetrical dilatation of the vessel capable of receiving a large hen's egg. On examining the brain, clots, probably of embolic origin, were found in the right cerebral hemisphere, thus accounting for the paralysis which had been observed.

Case II. — Aneurism of the common and external iliac arteries.

Johann B., a farmer, aet. 26, was admitted to the Episcopal Hospital October 27, 1882. His previous health was good. He denied specific history, and his habits were good. He was able to work until one week previous to admission, when he began to have pain in the feet and legs, shooting up the body to the head. His skin was yellowish, his tongue coated; his urine did not contain albumen. There was œdema of the feet, and it was worthy of note that this had occurred on the right side four months before admission. His spleen was apparently enlarged; his lungs presented nothing abnormal. Systolic and diastolic murmurs could be distinctly heard all over the cardiac area, but most clearly at the right second cartilage, and transmitted over the left subclavian and carotid vessels. The heart was considerably hypertrophied.

Six weeks later, the attacks of pain in the right thigh and side, to which he had been subject ever since admission, became more frequent and severe. The murmurs at the aortic valve were systolic and diastolic, low, soft and confused. A distinct thrill was now felt; heart's impulse quick and trembling.

About one week before death a swelling occurred in the right parotid region, extending to the cheek and lower jaw. Subsequently a discharge, thin and purulent, took place from the ear, and the patient became unable to protrude his tongue. The œdema of the right leg returned and increased daily, extending up to the body, the whole leg being about three times the bulk of the other. The aneurism grew with great rapidity; the distension of the vessel and the overlying structures gave rise to the greatest pain. The patient was unable to lie down, and was always found in the sitting posture. The mind was clear up to the day of his death, which occurred two months after admission.

At the autopsy, upon opening the abdomen, the aneurism was found very prominent, occupying the right side of the abdominal cavity and extending from the concavity of the liver to Poupart's ligament, a distance of about nine inches. The aorta bifurcated at the upper border of the fourth lumbar vertebra, the tumor arising from the common iliac artery one inch from the aorta. Its whole anterior surface was covered by peritoneum. The right kidney was elevated, lying upon the tumor's upper surface, the ureter passing over the convexity of the tumor and to the inner side. The psoas muscle and crural nerves were displaced and stretched to the outer side of the aneurism. The femoral artery emerges from the tumor one inch above the origin of the profunda.

Upon opening the sac a second sac was found within. No rupture had taken place. The cavities of both sacs were found filled with clots in various stages of organization. The walls were leathery, and large flaps of organizing clots were found attached to them. There were also *post-mortem* coagulations.

The line of the blood current could be determined by the passage of a catheter. This was found both from above and below to skirt the inner side of the tumor and to pass through a comparatively short channel in its interior. Three of the bodies of the lumbar vertebræ were slightly eroded. The heart is hypertrophied, its weight fifteen ounces. The mitral valve is normal, but the aortic valve shows exuberant vegetations, which impede its action and which are very friable.

The specimen presented embraces the heart, the

aorta, the aneurism with the right kidney upon its upper surface, the right femoral and the left iliac arteries.

CASE III. — Aneurism of the abdominal aorta and left common and external ilias.

Mary K., aet. 30, was admitted to the Episcopal Hospital August 26, 1882. Her mother died in confinement and her father died of heart disease. She had had three children; her husband was a bartender and had been treated for syphilis at a dispensary; but the patient herself denied specific history, nor were any evidences of it found. She had never been ill before.

Seven months previously she had pains in her left groin; these pains extended to the abdomen, and about five months previous to admission she noticed a small tumor in the hypogastrium, which pulsated and became painful on pressure. Three months later her strength began to fail; she became delicate and lost flesh. For one month the tumor had been prominent. Pain then came on spontaneously at intervals, and she had backache. She became weak and took to her bed. Two months before admission the left leg and thigh became painful, and felt benumbed, and motion grew difficult and for a time was lost. Meanwhile the tumor increased.

Upon admission she was weak. Her face showed anxiety and suffering, and had a haggard and pinched look. The organs of digestion were not interfered with. Her lungs and heart were normal. On the right side of the abdomen a tumor was felt, one inch above the umbilicus, and extending from from one inch to two and one-half inches from the median line, downwards two inches. It was painful on pressure, pulsated distinctly, and over it a distinct systolic bruit could be heard. A distinct notch separated this from a large hard mass in the left iliac fossa, indistinctly pulsating, immovable and not particularly painful on pressure. There was a faint *bruit*.

In the left thigh there was insensibility to touch over the distribution of the anterior crural nerve, while pain in the left knee was often so great as to deprive her of sleep. The urine did not contain albumen.

At the end of two weeks sensation was diminished on the left side as high as the edge of the ribs and in the whole of the lower extremity, excepting the first and second toes. It was impaired over the buttock. Œdema of both legs occurred. The posterior tibial on the left side could scarcely be felt to pulsate.

September 13th the patient suddenly died. At the autopsy the abdomen was first opened. There was no blood in that cavity. Upon the left side of the iliac fossa there was a prominent tumor the size of a cocoanut; over it lay the psoas muscle, which was spread out in the shape of a thin aponeurosis. The iliacus muscle was displaced. The psoas parvus was inserted in the tissue covering the tumor.

A fusiform dilatation of the aorta was then noted. The diameter of the aneurism was three times the normal diameter of the aorta. Commencing at a point seven inches above the bifurcation, it extended downward nearly five inches.

A second aneurism occupied the left iliac fossa, involving the left common and external iliac arteries. It was about six inches in length and was filled with old fibrous, laminated clots. The latter aneurism had opened posteriorly behind the peritoneum and against the iliac bone. There had evidently been ruptures previous to the one which finally caused the patient's death. There were found old as well as recent clots outside the aneurismal walls. There was no erosion of the bones. The femoral artery was normal, and no atheroma or evidences of syphilis observed, although the woman had been exposed to infection from a syphilitic husband.

CORRESPONDENCE.

EDITOR WEEKLY MEDICAL REVIEW:

THE MEDICAL ASSOCIATION OF ALABAMA held its stated meeting April 10, 1883, the President, Dr. C. D. Parke, in the chair.

The Secretary reported over one hundred members present.

The annual oration by Dr. E H. Hall, on "The Work of the Profession," was very impressive and encouraging. In connection with his subject he touched many points suggestive of serious contemplation and practical exposition, considering the fact that our peculiar work in our peculiar sphere terminates with the activities of this life, while God's breath that is in us can no more die than God can die himself.

DR. JEROME COCHRANE presented an exhaustive and interesting paper on the "Therapeutic Uses of Quinine" in Alabama.

A paper was read by Dr. D.B. Riggs on "Eclampsia Gravidium."

DR. F. TIPTON presented some points in regard to the eyesight of children; also diagnosis and treatment of nasal catarrh.

DR. C. P. SANDERS gave some observations on the principles and practice of medicine within the past fifteen years.

DR. W. W. POLSON sent a paper on "Rötheln."

DR. COCHRANE presented some opinions as to Blount Springs, and read a paper on the alcoholic question, which was a very interesting feature. Many portions of the profound and scholarly paper

were received with approval by the association by applause.

A communication from the Woman's Christian Temperance Union, asking aid of the association for the cause of temperance, was referred to Board of Censors; whose report was that the association dealt with intemperance only as a matter of science.

Dr. R. D. Webb offered a resolution, which was adopted, condemning the New York Medical Society's new code of ethics, which authorizes members to consult with homœopathic practitioners. The resolution also condemned all medical colleges and journals that endorsed the action of the New York association.

The omnibus discussion was opened by Dr. Jordan, who was followed by Drs. Shell, McDaniel, Webb, Weatherby, Davis, Johnson, Riggs, Mears, Cochrane, Luckie and others.

The following were the subjects of discussion:

First—Is the artificial production of abortion ever justifiable for the uncontrollable nausea and vomiting of pregnancy?

Second—In abortion should secundines be removed by art, or left to the resources of nature?

Third—The injudicious use of quinine.

Fourth—Hypodermic medication—its advantages and disadvantages.

Fifth—The use of galvanic electricity in uterine therapeutics.

Sixth—The prophalaxis of abortive influence of vaccination in whooping cough.

The Secretary read several letters from absent physicians expressing regret at not being able to attend the association, wishing success to the association and much good to all who might be present.

Under report of Board of Censors, including report of the Committee of Public Health, Dr. Cochrane read several papers from the Board.

The first paper was intended to solve an ethical problem which had been propounded to the Board of Censors. The problem was, whether a physician, when placed under the ban by a local society for violating some rule, should be recognized by the profession and consulted in regard to a patient. In answer to the question, he stated that a physician under the ban should be treated as an irregular practitioner, and any physician consulting with him would be put under ban.

Dr. McDaniel introduced a resolution, which was adopted, requiring the Alabama Medical College to require certificates of examination from applicants. Also a resolution requiring medical examining boards to forward examination papers to Senior Censor immediately after an applicant has been examined.

In making report of Public Board of Health, Dr. Cochrane said that he had endeavored to make all the county health officers keep a record of fevers peculiar to the climate of Alabama, which he considered a matter of much importance. The quarantine at Ship Island, which is kept up at the expense of the Board of Health, Dr. Cochrane and all the Board thought a matter of great importance to many Alabamians; and as this quarantine will be removed on the 2d of June next by limitation, the Board of Censors deemed it advisable for the association to memorialise the President to continue the quarantine at Ship Island. It was put in form of a resolution and adopted.

The Secretary declaring the offices of President, Vice-President, Secretary, Treasurer and two censors vacant, the President ordered the members to go into election, Upon ballot, Dr. M. H. Jordan was elected President, Drs. F. Tipton and S. M. Hogart 1st and 2d Vice-presidents, Dr. T. A. Means Secretary, Dr. W. C. Jackson Treasurer, Drs. B.H. Riggs and Jerome Cochrane Censors.

Dr. M. H. Jordan was introduced by Dr. C. D. Parke as the future President of the Medical Association of Alabama, who said he thought the Association, in placing Dr. Jordan at the head of its affairs, had made a good and wise selection.

Dr. Jordan, in a few words, thanked the members of the Association for the honor they had conferred upon him.

Upon motion, the Association then adjourned *sine die*.

John D. S. Davis.

SELECTIONS.

CASE OF RAPID ACUTE MENINGITIS, WITH DEATH.

BY ERNEST F. NEVE, M.B.,ED., M.R.C.S.

[London Lancet.]

On Tuesday, Nov. 28th, 1882, I was called to visit G——, a girl aged about eight years. None of the past history in the least concerned the present illness; the child had been perfectly healthy, although exposed to great vicissitudes—want of food, cold, etc. The immediate previous history was as follows: In the morning of the day of my visit, on rising, the child complained of a slight pain in the left side of the neck. As she soon ceased to complain, the mother paid but little attention to her. During the morning the child was running about, and seemed, as the mother said, perfectly well. In the middle of the day she lay down on the bed and fell fast asleep. About two or three hours afterwards, the mother, who wanted to go out, found some difficulty in waking her; she seemed drowsy, spoke indistinctly, and was indisposed to move. However, she got up and went out at 5.30 P.M. and sang in the street till 7 P.M. It was a very cold day. About that time the child left her mother's side to get change for sixpence, and did not return

After ten minutes' time the mother went in search of her, and found her lying on a door-step unconscious and somewhat delirious, talking about "sugar-candy, and all kinds of things." A bystander put the child into a cab, and she was conveyed home. The mother says that she remained in the same condition till I saw her at 9.30 P.M. She was then lying on her left side, with the knees and arms flexed and drawn up, and the muscles of the neck contracted. The cheeks were slightly flushed, the expression of the face that of repose, the eyes closed, not tightly. There were no movements of the muscles of the face; the head was warm, but not hot; the temperature was 100.5° in the axilla; the body felt hot, the feet and hands cold; the respiration was regular and deep, not stertorous, 25 per minute; the pulse was 100 per minute, extremely feeble, and hardly perceptible; the cardiac impulse was also excessively weak. The left pupil was widely dilated, the right markedly contracted; both reached to light, and the left contracted when a light was held before the right. The child was quite unconscious. When moved over on the right side, however, she groaned. When the head was firmly touched, or the neck moved, she said once or twice, "Oh, dear!" and moved her hands up as if to remove the annoyance. There was no evidence of either fracture or bruise on examination of the head. I ordered a blister for the left side of the head, a drastic purge of jalap, and hot bottles to be applied to the feet.

The child's death, which occurred next morning at 9 A.M., was immediately preceded by two or three convulsive fits. After one of these I am told that she vomited some yellowish material, possibly the powder administered the previous evening.

Autopsy, thirty hours after death.—This was refused by the mother. I declined giving the certificate, and the authorities appointed Dr. H. D. Littlejohn to perform it. I was present. The dura mater was firmly adherent to the calvaria at a great many points. When reflected the veins of the surface were much distended with blood. The dura mater was not adherent to the arachnoid. There was a distinct infiltration of purulent matter under the arachnoid, over the cerebral convexity, occupying especially the spaces between the convolutions and extending round to the base. On removing the brain, there was found at its base about half an ounce of sero-purulent fluid, with here and there a puro-fibrinous deposit; this existed especially around the optic nerves. There was no macroscopic evidence of tubercle. The pia mater was injected but not tough. The cortical substance was rather soft. There was scarcely any fluid in the ventricles and no further evidence of any lesion.

Remarks.—The chief points of interest in the case are:—1. The rapidity of the onset of the disease and the absence of prodromata, except the slight cervical pain. 2. In the character of the first stage there was a marked absence of the usual symptoms. There was no twitching of the muscles, no vomiting, no evidence of paralysis, even of the third nerve, except as far as the dilatation of the pupil on the left side was concerned. When seen at 9.30 P.M. the temperature was 100.5°. There was no ground for supposing that the child had a headache. The child, according to the mother's account, remained in the same condition during the night. 3. She seems to have passed into the comatose state the following morning, this condition being preceded by the convulsive attacks and vomiting. After an extremely brief duration of this stage she died in a convulsive fit, according to the account of the mother.

Whether the disease had been latent for some days and the mother inattentive to the child's condition, I cannot say. I can see no evidence to lead me to consider it a case of exacerbation of pre-existing tubercular meningitis. The evidence, such as it is, points, I cannot help thinking, to the exposure to cold as the exciting cause of the disease.

In the Treatment of acute rheumatism, Mr. J. Mortimer Granville recommends that nothing else be done except to wrap the painful joints in very loose cotton-wool and cover them with light flannel, not oil silk or any other vapor-proof material. As early as possible in the case the following mixture should be given: Tincturæ Aconiti (P. B.), m. xii; Ammonii Sulphidi, m. xvj; Aquæ Menth Virid. Distil., ℥vj. One-fourth part of this mixture should be given every fourth, or, in severe cases, every third hour, until the pain is relieved and the "fever" has abated. The mixture should only be prepared in a quantity sufficient for four doses, on account of the tincture of aconite, and, more especially, the tendency of the sulphide of ammonium to decompose and deposit sulphur.

BOOKS AND PAMPHLETS RECEIVED.

Remarks on 177 Operations for Entropium and Trichiasis. By F. L. Hotz, M.D. [Reprint from Archives of Ophthalmology. Vol. xi., No. 4. Dec., 1882.] Pp. 442 to 450 inclusive.

The Opium Habit; Its Successful Treatment by the Avena Saliva. By E. H. M. Sell, A.M., M.D. Pp. 32; 1883.

The Weekly Medical Review.

Vol. VII. No. 16. CHICAGO AND ST. LOUIS, MAY 5, 1883. Terms: $3.00 a Year.

A series of abdominal sections performed during the year 1882 is given in the British Medical Journal by Dr. Thomas Savage. The total number was seventy, with a death rate of one in ten, or seven deaths. In the course of his remarks he says: "I would very strongly urge the importance of resorting to early operations for removal of ovarian cysts —earlier than is often the case at present. Twelve years ago, it was nearly always thought best to wait until the patient was so worn down by the disease as to be on the brink of the grave. It is surely in accordance with common sense, that the smaller the tumor, and the earlier its removal is performed, the less difficulty and danger there would be. If such a practice were more frequently pursued, intestinal adhesions, twisted pedicle, peritonitis, and suppurating cysts would be rarely met with." He says further: "The more frequent recourse to abdominal section has brought about a knowledge of the fact that an attack of so-called 'inflammation of the bowels' is often something very definite and tangible in the pelvis. If the attacks recur from time to time, we may often predicate a condition of things which is capable of removal by operation. I would go so far as to say that, if the patient be suffering from recurring attacks of this so-called inflammation, it will be not only justifiable, but the best practice, to make an exploratory incision, and remove the cause of the trouble or whatever may be found necessary. Doubtless many of the cases which are classed as chronic ovaritis are, in reality, at first attacks of pelvic peritonitis, which results in adherent ovary, adherent tube, and the consequent loss of the normal relation between the tube and the ovary." During the last six months of the year he gave up the use of the spray, and did not notice that the results obtained differed materially from what had occurred under extreme Listerism, though the cases were of quite, if not more than the average difficulty and danger. In all of these operations cleanliness and the prevention of any putrefactive elements from outside coming in contact with the patient were carefully observed. In concluding his remarks he says: "Using the two words in their fullest sense, it would almost seem that we may be confident of our patient's recovery if we will keep her peritoneum 'clean and dry.' This is the practical position of affairs for us as surgeons, although we know that in reality a considerable amount of exudation, and even of blood sometimes, must be effused in many cases, and absorption will follow, with subsequent recovery."

Under the Title of Myosuric Urine, M. Denancey describes a kind of urine which must have attracted the attention of those of our (Medical News) readers accustomed to make urinary examinations. The following are the physical characteristics of such urine: It has a strongly reddish-yellow color; has a specific gravity which oscillates between 1025 and 1029; does not contain any sugar; is but slightly acid; blackens silver vessels in which it is boiled, and is colored brownish by the cupro-potassic test. He finds, further, that it has the property of decolorizing iodide of starch, which is due to the unoxidized sulphur in the large quantity of extractive contained in it. M. Denancey thinks that this condition of the urine is a pathological state related to diabetes, and he therefore proposes to name it *myosuric diabetes.*

Of the Cause and the Nature of Diabetic Coma, Frerichs takes up and discusses in turn the various explanations hitherto advanced (Boston Medical and Surgical Journal): (1.) Changes in the nervous centres. (2.) Changes in the blood, viscidity from excessive sugar, change in the form and function of the blood corpuscles. (3.) Uræmia. (4.) Fat embolism. (5.) Acetonæmia. (6.) Deranged elimination of the products of excretion. He considers all of these either disproved or unsupported as explanations of diabetic coma. He has been unable to verify in his autopsies the presence of fat emboli in the capillaries, and the term acetonæmia should, he thinks, be banished from pathology. The cause of death, he argues, is not the same in all these cases. In the cases included in the first group the cause of death is to be sought in the paralysis of the heart, brought about by the degeneration and destruction of the muscular fibres, whereby a rapid tissue transformation takes place, as shown by the presence of glycogen in the young muscle-fibres. In the cases of the second and third groups death is the result, evidently, of a process of poisoning or intoxication, the result of a series of slower or more rapid processes of transformation in the blood, the final products of which we are acquainted with, as acetone and *acetessigaüre*, whilst the preceding steps of such processes are still unknown, and will be very difficult to detect on account of the ready and rapid changes which the materials of this series undergo. Frerichs designates the process simply as diabetic intoxication or poisoning, which is at once a declaration of negative knowledge and positive ignorance. Fourteen cases, of which four died with coma, four with phthisis, one with dysentery, were investigated histologically by Dr. Brieger with the utmost thoroughness. He found glycogen in various organs and tissues, but remarks especially upon its presence in the kidneys, not diffused, but strictly confined to a small belt of the parenchyma at the boundary between the cortex and the medullary portion, and this he regards as pathognomonic of diabetes.

A lecture on the subject of the hygienic treatment of albuminuria was lately delivered by Senator before the Berlin Medical Society (Berlin. klin. Wochschr., No. 49, 1882), which derives its value less from any novelty of the remarks than from the authority of the speaker in regard to renal disorders. Senator's conclusions are confirmatory of the best American and English writers' recommendations as to the treatment of albuminuria. After reminding the reader that the albuminuria is a symptom and measure of a disease, not a disease itself, that the amount of albumen lost—two and a half drachms daily being a very large amount—is not serious, though the local effect of its passage through the renal tissues is very possibly injurious, and alluding to the general recognized inadequacy of drugs in chronic albuminuria, Senator takes up the various points of hygienic treatment which offer hope at least of alleviation and prolonged comparative health, and among such emphasizes especially the following: (1.) The question of the nourishment of patients with nephritis should include a consideration of the influence exercised upon the albuminuria both by the condition of the digestive process itself and by the character of the nourishment. (2.) The rule may be accepted in general that with albuminuria the wants of the system should be supplied rather by frequent small quantities of food than by larger amounts at longer intervals. (3.) Eggs should be forbidden; meat and cheese used sparingly, and of meats preferably veal or poultry, fish is to be recommended; fruit and vegetables are indicated, but the leguminous varieties less so; the use of fat is to be governed by the state of the digestion; spiced, smoked, and salted viands are unsuitable; red wine may be used moderately; beer, spirits, and the heavier wines are to be avoided; a milk diet is extremely useful, but that it may be sufficiently prolonged bread or some similar addition should be made. (4.) Saline or alkaline—saline waters, warm or cold, according to the case, are found practically to act favorably, and this probably by effect upon the digestion and

composition of the blood, as theoretically they should be a renal irritant; saline baths are useful through their congestive and stimulating effect upon the skin. (5.) Muscular exertion should be very restricted. (6.) An even body temperature should be sought by clothing, by climate, by retirement to bed if necessary. For clothing, flannel should be worn next the skin; for a climate a warm and dry one should be selected, free from sudden changes, with a mean temperature from 60° F. to 70° F. (7.) Psychical influences are of great importance in this condition. (8.) With women during menstruation the amount of albumen excreted is always increased, and they should during that period be confined strictly to bed.

A WRITER in the Revue de Medicine, No. 1, 1883, points out that displacements of the kidney were studied first by Mesné and Riolan, and have been discussed by Rayer, Fritz, Lancereaux and Lecorché, while they have formed the subjects of clinical lectures by Trousseau and N. Guéneau de Mussy. —(Nashville Med. Jour.) These cases have almost always occurred in women in middle life after a fall, a walk, or without apparent cause. The physical signs are those of a globular tumor, of the size of a fist, which changes its place, and can often be pushed into the position of the kidney, when all the disagreeable subjective symptoms cease. When it is compressed the patient feels a peculiar nauseating sensation. The lumbar region may show a concavity, and be less dull on percussion. The tumor swells at each monthly period, and causes much pain. He gives details of two cases in which no opportunity occurred of confirming the diagnosis. In another a young phthisical lady, after a violent shaking, was taken with great pain in the abdomen, radiating down the legs. To the right of the umbilicus there was a hard, nodular, movable, painful tumor, which was thought to be a floating kidney, the urine having greatly diminished since the accident. At the necropsy the right kidney was found in its place, and in front of it an irregular, yellowish tumor, of the size of an orange, consisting of the gall-bladder full of calculi. The gall ducts were six or seven inches long, which explained and permitted the displacement.

WHILE AS A RULE no insect, properly so-called, has ever been proved to take up its abode in the human alimentary canal, their presence, when they are found, being accidental, as being swallowed on a piece of meat upon which the eggs have been deposited, yet occasionally larvæ give trouble (Med. and Surg. Reporter). Dr. Wacker, of Landsberg, in Bavaria, has published in the Ærztliches Intelligenzblatt the case of a boy aged 21 with colicky pains, fullness in epigastrium, constipation and frequent fits of nausea and tendency to syncope, especially when in a close atmosphere, such as that of his cottage or a stable. Dr. Wacker prescribed one-eighth of a litre of Hunyadi János water, to be taken every morning on an empty stomach. On the third day a vast mass (over two litres) of larvæ, partly alive and partly dead, was passed from the rectum. The patient at once recovered, feeling no more unpleasant symptoms, even when in a hot room. On examination, the grubs were found to be larvæ of a common dipterous insect, *anthemyia cuniculinæ*, closely allied to the house-fly and blue-bottle fly.

DR. RENAUT (Journal de Médecine et de Chirurgie Pratiques) reports the case of a soldier who was stabbed with a butcher-knife in the sternal region, the weapon entering the pericardium and penetrating into the right ventricle and nearly through the interventricular septum. (Gaillard's Medical Journal.) The patient survived the wound one hour. On autopsy the heart was found to be exsanguinated and strongly retracted. The pericardium was full of clots, and the thoracic cavity contained six and a half ounces of blood. It is not improbable that had the procedure suggested by Block been adopted in this case, the patient might have recovered, since he died from dyspnœa and was very well nourished.

An immense fibroma of the kidney, with the kidney itself, was triumphantly removed by Dr. Bruntzel, of Breslau (Med. Times and Gazette, Dec. 16, 1882), the growth weighing *thirty-seven pounds*. The female patient was thirty-three years old. The tumor was noticed five years previously, and, though painless, had gradually increased in size. It was feared that it connected with the uterus. Emaciation was great, but there was no cachexia. The swelling reached from the sternum to the pubis. The abdomen was opened the whole length of the tinea alba, when the tumor was found to be retro-peritoneal. By perseverance the enormous tumor was released from its connection, its vascular pedicle secured, the wound closed and drained as in ovariotomy. The collapse, which was imminent during the operation, was combated by hypodermics of ether and by artificial respiration. The tumor was found to be a gigantic fibroma, originating in the left renal capsule and composed of numerous lobes. In its dense structure were areas of fatty tissue, and in its center a spot of softening with a thrombosed vessel. The operation lasted two hours and a half. After the operation the course was remarkably good. The pulse remained frequent, but the temperature varied little; the discharge was never foetid; vomiting did not occur, though the tongue was a little loaded. For six days the quantity of urine was small, after that it was normal. A loose stool was passed on the eighth day. On the tenth day the temperature suddenly ran up and the patient collapsed. The accident was attributed to an ulceration of the descending colon, and the escape of a little faeces through a small remaining sinus. This fistula soon healed after cauterization. Paresis of the *upper* extremities also complicated the case; this was referred by Bruntzel to reflex disturbances. During the fourth week the patient got up, her weight then being seventy-five pounds—double the weight of the tumor.

Last winter the first successful resection of the pylorus done in Holland was performed by Dr. Van Kleep, of Maastricht (Deutsch. Med. Woch., No. 51, 1882). The patient was an unmarried woman, aged thirty-seven, who had for fifteen years suffered from disease of the stomach, which for five years had been recognized as ulcer. The abdomen was opened by an oblique incision, the greater and lesser omenta ligated and divided, the pylorus and duodenum drawn out of the abdomen, and the peritoneal cavity protected and closed by a compress of antiseptic gauze. Clamps were attached to both viscera, and the portion to be removed cut out between them. The stomach was cut so near the pyloric end that the opening had to be enlarged in order to adapt it to the end of the duodenum. The margins were united with a variety of sutures, following Wölfler's plan posteriorly and Czerny's anteriorly. The excised portion measured four and a half by five centimetres, and was so contracted that a quill could barely be passed. On one side was an ulcer one centimetre in diameter and one millimetre in depth; there was no trace of carcinoma. The patient received numerous subcutaneous injections of ether. For the first two days she had enemata of wine and milk and swallowed pieces of ice. She had no fever nor traces of peritonitis. On the third day she swallowed a little fluid food; in six days the abdominal wound was completely healed, and in ten days she was eating beefsteak. Within four months after the operation she had gained twenty-four pounds. This case ranks with Rydygier's case of resection for the same trouble; a case in which the surgeon was very severely criticised by some of his colleagues, though he was able to deride all his critics by pointing to its conspicuous success.

Glanders has appeared among the horses of Whiteside and Perry counties in Illinois, and two persons, a father and son, have died, having become inoculated with the poison while caring for their sick horses. Strict measures have been taken by the authorities to prevent a spread of the disease, a number of the animals having been shot and others quarantined, and it is believed that the disease is now entirely under control.

A PAPER on phthisis, bronchitis and pneumonia was read at the meeting of the Epidemiological Society of London by Dr. G. B. Longstaff (London Lancet), whose conclusions were: 1. That the mortality statistics of England and Wales did not give any evidence in favor of the view that phthisis is communicable, but they showed that the death-rate from phthisis was not influenced by the weather. 2. That while bronchitis and pneumonia were greatly influenced by meteorological conditions, it was difficult to explain by those conditions alone all the phenomena. 3. That common catarrh was a communicable disease, and that it was probable that very many cases of bronchitis and pneumonia might be looked upon as complications of that or some similar disease of mild character when uncomplicated. 4. That the different incidence of bronchitis and pneumonia on the two sexes pointed to some difference in the causation of the two diseases. 5. There would appear to be some common factor in the causation of phthisis and tubercular meningitis.

THE NUMBER OF NERVE-FIBRES and motor ganglion cells of the frog.—E. H. Birge has published in Du Bois Reymond's Archiv. (Journal of Nervous and Mental Diseases) the result of his investigations on this subject, made by means of the microscope. After hardening the cords properly and coloring them with osmic acid, the doctor made consecutive sections of each, and actually counted the large motor ganglion cells in each section, then counted the number of nerve-fibres in the anterior roots of the respective frogs. To give an adequate idea of the time consumed by such delicate work, it need only be stated that the number of sections thin enough to count the ganglion cells accurately reaches as much as two thousand in one frog's cord. The doctor has reached the following results: 1. The frog has as many ganglion cells in the anterior horn of gray matter as there are nerve-fibres running in the anterior roots. Every motor ganglion cell corresponds to a motor fibre. 2. In general, in the part of the spinal cord about the root, there are found as many cells as the root has fibres; when in an individual case there is an irregularity in the division of the fibres in the roots, there is also an irregularity in the division of the cells. Hence it is probable that the ganglion cell belonging to the corresponding nerve-fibre lies not far from the entrance of the corresponding fibre into the spinal cord. 3. The number of ganglion cells, as well as the number of nerve-fibres, varies with the weight, that is to say, with the age of the frog. When a certain minimal number is found in small frogs, there is a proportional increase of ganglion cells and nerve-fibres corresponding to the increase of weight. Hence new fibres and cells are formed during life, and a certain proportion exists between the weight of the muscles and the number of motor elements. 4. The number of sensory fibres in the same frog is somewhat greater than the motor. 5. The two roots have together the same number of fibres as the trunk immediately behind the spinal ganglion. There is no increase or decrease in the number of sensory fibres by its passage through the ganglion.

THE IRRITABILITY OF THE MOTOR GANGLION cells of the spinal cord.—Dr. E. H. Birge also made experiments upon this point, published in Dr. Bois-Reymond's Archiv. (Journal of Nervous and Mental Disease), with the following results: 1. When a needle-thrust in a spinal cord not removed causes a tetanus, whose time of irritation lasts several seconds, then the muscles attacked are on the same half of the body in which the spinal cord has been perforated. 2. If the thrusts are limited to a piece extending from the end of the fourth ventricle to the origin of the third pair of nerves, then the muscles of the anterior extremities pass into a state of tetanus. From the third pair to the seventh the irritation causes tetanus of the trunk muscles; and finally, from the seventh to the ninth pair of nerves, the muscles of the posterior extremities. 3. After splitting off the white and gray matter of the posterior columns, or also a great part of the white lateral columns of the

anterior columns, the gray matter of the anterior cords remains over, then a needle-thrust brings out a tetanus. This never succeeds when, with all possible care, the remaining parts of the anterior gray horns are removed. 4. Lines drawn at right angles to the long axis of the cord may be separated into three segments from the result of the needle-thrusts. The innermost, which begins along the longitudinal furrow and reaches to the median edge of the gray anterior horns, is inactive. The second segment corresponds to the diameter of the column of ganglia. The needle-thrusts which penetrate this segment always bring out tetanus. In the third and remaining segment contractions are called out, and so much more certainly the farther the point of puncture is laid from the circumference of the spinal cord. The place through which an irritation calls out a tetanus can be very sharply defined by a careful introduction of the needle. If it penetrates 0.1 mm. and less from the border of the ganglionic mass, then tetanus does not appear.

Dr. Cochot concludes a thesis on the subject of Inosuria (Journal de Medecine de Paris, January 13, 1883) as follows: 1. Inosite (muscle sugar) is *never* met with in normal urine. 2. Urine containing inosite may also contain albumen or ordinary glucose. In some cases, however, the glucose disappears entirely, and is replaced for a time by inosite, or vice versa. 3. Thus inosuria is not a separate disease, but is a symptom which may be met with in Bright's disease or diabetes. 4. Whenever we find inosite in the urine we have to do with diabetes or albuminuria. The patient is exposed to the same dangers, and the effects of injuries are equally grave. 5. Since inosuria may supervene upon glycosuria it adds another difficulty to the diagnosis of the latter. For inosite does not turn the plane of polarization, neither does it give the characteristic chemical reactions of glucose. 6. Inosuria is to be suspected when the urine, boiled with Fehling's solution, throws down a flocculent precipitate of a greenish color. But certainty is only obtained by a thorough qualitative analysis. 7. It is of great importance to remember that a patient with inosuria is really the subject of Bright's disease or diabetes, in view of the gravity of operations or of wounds in general in such patients.

Dr. Hubert Bœus, of Charleroi (Journal d' accouchments), having been consulted by a tall and constitutionally anemic blonde with general functional weakness and irregularity, instituted a search as to the cause of this condition (Obstet. Gazette). The woman was thirty years old, and had been married ten years. According to her story, she had menstruated regularly since puberty, though of late the flow had decreased gradually in quantity and had paled in color. An examination of the parts revealed an apparently imperforate hymen, though the woman and her husband did not know she was different from other women. A subsequent examination during menstruation revealed a small opening about the median portion of the right labium majorum, through which the fluid gradually oozed. On the following day the author made a double incision, which resulted in so good a vaginal orifice that at the end of ten months the woman, being perfectly cured of her constitutional anemia, gave birth to her first child. The mother is now thirty-five years old, and in perfect health.

The Following is the formula recommended by Dr. William Murrell, as given in the London Lancet, to be used in cases of emergency where it may not be practicable to prepare Ringer's solution in exact accordance with his directions, and which may be employed either for intra-venous or intra-peritoneal injection: Common salt, one drachm; bicarbonate of soda, four grains; chloride of calcium, three grains; chloride of potassium, one grain; water, twenty ounces, at a temperature of 100° F. In a case of peritonitis in a child, serous fluid to the amount of 320 cc. was drawn off by the aspirator, and the peritoneum washed out with 44 cc. of the salt solution. The temperature on the following day rose to 102°, but there was no other unfavorable symptom.

A Case of Oxaluria is reported by Dr. Joseph L. Bauer, of St. Louis, in the Medical and Surgical Reporter (Medical Age), which manifested itself in irritability of the bladder with frequent micturition, day and night; pain along the urethra and at the neck of bladder after urination; muco-gelatinous discharge from the urethra and flakes of mucous in the urine; hypochondria, indigestion, general pains, constipation and partial impotency. An examination showed urethral hyperæsthesia and a tender and slightly enlarged prostate. The latter condition was relieved by a mixture of buchu, hyoscyamus and acetate of potassa, internally, and a suppository of ten grains of iodoform, five drops of oil of eucalyptus introduced into the urethra daily. The sensitiveness of the parts being allayed and an examination of concretions passed revealing oxalate of lime, five drops of dilute nitro-muriatic acid, to be gradually increased with toleration, were given three times a day, and a solution of one and a half drops of pure nitric acid in two ounces of water was injected into the bladder. The oxalate of lime diathesis is more frequent than is generally supposed, and is often mistaken for some other obscure difficulties. Thus a sufferer for some years consulted a neurologist of New York city, who immediately diagnosed some serious nerve trouble. The patient returned to St. Louis, was placed upon an acidulated carbonic acid and beer diet, and soon recovered his health. Medical literature fails to discover any distinctive discussion of this disease. Walter Coulson, F.R.C.S., England, and Prof. Austin Flint, are the only ones in which references could be found. It would be well for some of our authorities on genito-urinary subjects to devote more space to the description of such affections, which are so liable to be mistaken for other pathological conditions. Peri-nephritis, for instance, is another one of these renal difficulties which have not received sufficient attention. Dr. Gibney, of New York, has directed our attention to the great resemblance it bears at times to the morbus coxarius, and yet none of our great orthopedic surgeons make reference to it. And yet, the disease exists and does simulate hip-joint disease greatly.

Attention has been called by Prof. Busch to the difficulty of thoroughly extirpating all disease by the old method of exsection of the ankle, it being very difficult to thoroughly clean out the joint. Hueter recognized this, and recommended an anterior flap; but this necessitates division of important tendons and vessels. If the flap be made posteriorly the tendo Achillis must be cut and its future compactness seriously impaired. He recommends, then, the following procedure, which was thus executed on a patient: An incision from one malleolus to the other across the sole of the foot, inclining rather backwards to the tuberosity of the calcis; division of soft parts down to the bone; detachment of tendons and soft parts, which are then to be drawn forward so as to expose the sides of the joint; division of the calcis with the saw in the direction of the external wound, but obliquely upwards toward to the anterior margin of the astragular articular surface; elevation of the posterior fragment and division of the ligamentous structures of the bone. If necessary the astragalus may then be removed, and all fungous tissue scraped out. After disinfection, the posterior part of the calcis is replaced and united with the other portion by wire sutures. When this method is followed, there is fair reason to expect some motion in the joint, while with the cicatrix in front of the great tuberosity it can hardly prove a source of trouble.

The hair of a girl in an Eastern factory was caught in machinery, torn off her head and scattered in bits. But she did not mind it at all, kept right on at her work, and simply remarked that "it only cost $4 anyhow." This is the advantage of art over nature.

"Time is an herb that cures all diseases," said the late B. Franklin. The "Imp" thinks Benjamin was no better posted on "yarbs" than he was in orthography. Thyme is an herb, but not being a patent medicine, it will not cure all diseases.

Some Interesting Statistics of diabetes were published not long ago by Dr. Schmitz (London Lancet) in the Deutsche Med. Wochenschft. Of six hundred cases, four hundred and seven were males and one hundred and ninety-three females. The ages varied between four and seventy-eight years. Heredity was traceable in two hundred and forty-eight cases. Among the determining causes, mental distress figured in one hundred and eighty-three cases; an excessively saccharine diet in one hundred and fifty-three; gout in forty-five, and an alternation between the glycosuria and attacks of gout were frequently observed. It was noted in many cases that where the amount of urine was small there was abundant perspiration. A diminution in the amount of sugar often coincided with an increase in the amount of phosphates and oxalates. When there was albuminuria, its amount was related inversely to that of sugar. Loss of flesh and dryness of the skin were frequent. Obesity was observed in thirty-five cases. Muscular weakness is referred by the author to a general alteration in the muscular fibres, which extends to the cardiac muscle, and he believes that some of the deaths referred to diabetic coma or acetonæmia were really due to cardiac weakness.

In a Recent Number of the Wratsch, Dr. Molodenkoff, of Moscow, describes the case of a woman, aged 28, who was admitted into hospital ten days after delivery, for diarrhœa, fever, and swelling of the hypogastrium (British Med. Jour.). Ten days later, the abdomen was much distended, and on exploratory puncture purulent fluid was obtained. On the next day, an incision was made along the linea alba, and a great quantity of pus emptied out of a circumscribed cavity formed between the abdominal wall and adherent coils of intestine. To facilitate thorough drainage, a second opening was made immediately above the symphysis; and after tubes were inserted into the wounds, the whole was covered in with antiseptic dressings. On the next day, symptoms of carbolic poisoning appeared. Much pus escaped, great prostrations set in, and the patient rapidly lost strength, dying on the fourth day after operation. At the necropsy, ten smaller circumscribed collections of pus were found between coils of intestine, inaccessible to the drainage tubes, as they had been arranged, besides the large cavity that had been effectually drained. The mucous membrane and peritoneal covering of the uterus and the ovaries were acutely inflamed. Dr. Molodenkoff concludes, from his personal experience in this case, that abdominal section and washing out of the peritoneum, with subsequent drainage, is not justifiable in cases of purulent peritonitis. Last year, Dr. A. Schmidt described, in the same Russian paper, a successful case of what he considered to be laparotomy and cleaning out of an intra-peritoneal collection of pus; but Molodenkoff believes that an abscess in the abdominal walls only was emptied, and that the peritoneal cavity was never opened. In the Deutsche Medicinische Zeitung, this point is disputed. There appears, according to that journal, to have been no doubt that Dr. Schmidt opened the peritoneal cavity; but, it is pointed out, this was a case of very chronic purulent peritonitis of half a year's duration, whilst Molodenkoff's patient was suffering from an acute puerperal complication. There can be no doubt as to which proceeding was the most justifiable.

Dr. L. Roth, of Kissengen, reports (Med. and Surg. Reporter) a violent outbreak of diphtheria among a barnyard of fowls, which he attributes to infection from children, some of the poison being mixed with the sweepings of the room and thrown into the yard. The Med. Press, March 21, 1883, commenting on this, says: "Such an observation as this is very interesting, and seems to bear out some of the statements of Herr M. Wolff in a paper 'On a Wide-spread Brute Mycosis.' In it he drew attention to the infectious diseases of domestic animals, which clinically and anatomically run a course exactly similar to those of human beings. He mentioned the fact that anthrax was met with in fowls, geese and

ducks, and caused the same phenomena as when its habitat was the mammalia. He also mentioned another devastating mycosis prevalent amongst domestic birds, that bore a complete analogy to diphtheria (*vide* Dr. Roth's observation). Yellow and white-yellow membranes were developed upon the most diverse mucous membranes, having all the characteristics of human diphtheria, so that it could not be removed without causing bleeding. A third disease that had its analogue in man was ulcerative endocarditis, that runs its course with the same valvular changes and multiple emboli in the various organs as in man.

The Following Anomalous Condition of the kidneys, as found in dissecting a subject, has been described by Dr. Carline, of Denver (Denver Med. Times). The kidneys were normal in position and outline, and differed from that peculiar form of kidney designated as "Horse-Shoe Kidney," in that they were wanting in the great curvature, length and constriction in the centre, so characteristic of the "Horse-Shoe Kidney." Each kidney consisted of two pelvices, separated by a fibrous septum, two ureters which united at a point one and a half inches from the pelvices, to form a common ureter; two arterial supplies, the superior pelvis being furnished by a single artery which had its origin from the aorta, one line below the superior mesenteric; the inferior pelvis was supplied by two arteries which had their origin from the aorta, five lines below the inferior mesenteric. The renal veins united at a point about one inch from the pelvices to form a single vein. The dimensions of the kidneys were as follows: The long diameter, five inches; short, two and a half inches; the circumference in the direction of long diameter, ten and a half inches; in short diameter, five and a half inches. The weight of each kidney was five Troy ounces.

The medical literature of to-day contains an alarming number of reports of sudden and unexpected deaths, where the autopsy reveals ulceration and perforation of the intestine (Med. and Surg. Reporter). The following case reported by Mr. Lentaigne in the Med. Times and Gaz., March 24, 1883, serves as a type. A man of thirty entered the hospital on December 6th last, complaining of cough and debility. No evidence of organic disease could be found on a careful examination. Pulse and temperature were normal, and lungs sound. After a few days, feeling perfectly well, he was discharged. On December 11th, after leaving the water-closet, he was suddenly seized with symptoms of intestinal obstruction, which continued until the 14th, when his bowels were moved by enema, and he seemed better. Two days later the symptoms returned, and he died on the 19th. The ileum was found to be ulcerated in its lower part, and perforation had taken place through the floor of one of the ulcers. There were signs of peritonitis, and a large collection of purulent putrid matter. No mention is made of tubercular deposits, but it seems plausible that such deposits, undergoing ulcerative degeneration, might account for the phenomena.

The Fifth Annual Meeting of the Sanitary Council of the Mississippi Valley was held in Jackson, Mississippi, on the 3d April, In addition to the regular members of the Council, representatives of the leading commercial, transportation and industrial interests of the valley were invited to be present, and, in response, delegates and representatives from eleven States attended. Addresses were delivered by the Governor of the State, the Editor of the Clarion, President of the Council, and others. Dr. Rauch, chairman of the Committee on Immigrant Inspection, reported on the valuable work done by the inspection service of the National Board of Health in regard to the importation of small-pox, and said that its value was demonstrated alike in the protection of our own people from imported contagion over a vast area, extending from Minnesota to Texas, and in protecting the immigrant from the results of his own neglect. The committee were unanimous as to the desirability of continuing the service, of which there is little prospect, owing to the

crippled condition of the National Board of Health. Resolutions were adopted petitioning the President of the United States to place the $100,000 epidemic fund in his hand at the disposal of the National Board of Health, in case its use is demanded. A resolution pledging moral support to the Auxiliary Sanitary Association of New Orleans was also adopted, after which Dr. Rauch called attention to a suspicious cholera-like affection prevailing in some portions of Mexico, and suggested the necessity of vigilance on the part of the Gulf and Rio Grande authorities concerning its spread. After the election of officers the Council adjourned *sine die.*

Dr. Armaignac, of Bordeaux, employs a method of illumination, without inconveniencing photophobic patients, which is as follows (France Médicale): The apparatus is applicable to a lamp, gas-jet, etc., and consists of a metallic ring grasping the illuminator. This ring carries two vertical slides, in one of which a metallic plate is placed, to place the eye to be examined in obscurity and protect it from the direct stage of light. In the other there is placed, parallel to the plane of the ophthalmoscope, a plate of smoked glass, whose tint varies with the degree of photophobia of the patient. The rays of light which have passed through the smoked glass are well supported and permit an easier examination of the eye.

The Am. Jour. of Obstetrics, February, 1883, says (Med. and Surg. Rep.) that Maggioli, of Rome, in the Gaz. Med. di Roma, vii. 1, agrees with Spiegelberg in the necessity of applying antiseptic principles in the treatment of puerperal cases, but not entirely in what Spiegelberg calls secondary antiseptics. Iodoform internally is useful in puerperal cases for many reasons: it is readily absorbed and readily tolerated by the mucous membrane of the stomach and intestines; it is readily diffused, and the iodine is found (after the administration of iodoform) in the urine, saliva, tears, sweat, milk, nasal mucus, menstrual blood, and in the air expired from the lungs. The iodine reaction may be obtained from the urine as late as four days after the administration of the last dose. From two to three grammes may be given daily without harm. Nine-tenths of the weight of a given quantity of iodoform consist of iodine. The generally accepted beneficence of this substance as a topical application suggests its utility as a means of internal medication. The author's experience is limited to four cases of puerperal fever, in which the results were very favorable. Two additional cases were treated by Moleschott, the substance being used in the form of an unguent and rubbed into the skin.

Permangamate of Potash was recommended in diabetes by Sampson, as long ago as 1853 (London Lancet), and has been again tried by Massin within the past few years, with success in some instances and complete failure in others. He conjectures that its influence is probably exerted on the liver, as manganese is eliminated by that organ, and even small doses injected under the skin cause fatty degeneration of it. He has observed that manganese is especially useful in those cases in which there is hepatic engorgement.

It is well known that M. Toussaint has described a method of attenuating virus by heat. M. Chauveau has recently shown (Jour. de Med. et de Chur. Pratiques) that, by this method, it is possible to graduate with the greatest facility the degree of intensity of the culture liquids, in such a manner that this method shows a great progress in a practical point of view. By this process, according as the liquids are left a longer or shorter time in the heating apparatus, it is possible whilst experimenting to kill all the ovulated guinea-pigs, or only a certain proportion, or even to simply render them all ill without producing any death. And yet the virulent agents contained in these innocent liquids have preserved their power of proliferating.

The Twenty-sixth annual session of the Medical Association of the State of Missouri will meet at Jefferson City, Mo., in the Hall of the House of Representatives on Tuesday, May 15th, 1883.

CONTRIBUTIONS.

ERECTILE TUMOR OF THE TEMPORO-FRONTAL REGION.

*Different Modes of Treating Erectile Tumors in General.**

A Lecture Reported by M. Bremon.

Several of you examined this morning a young girl who has an erectile tumor from birth on the right temporo-frontal region. This tumor has the form and volume of half a small apple. It is of a bluish color, violaceous, soft, fluctuating and plainly reducible. I will not speak of the gentle blowing sound, which is hardly perceptible, nor of the pulsations, which are not appreciable to the touch. But observe well that it is *slowly* reducible, and, once reduced, it only *slowly* reappears, in spite of the violent coughing efforts which the patient is told to make. These two important points show that the vessels which form the communication between the general circulation of the scalp and the tumor are of *small caliber*, and that the blood empties itself at the same time through the deep capillaries of the periosteum and even perhaps the bones of the skull.

However this may be, the prognosis is grave, and its gravity is due to three circumstances:

1. The skin, as you have doubtless seen, has a tendency to become perforated at the top of the tumor, and from this a possible hemorrhage at the time of operation.

2. The seat of the tumor interferes with a choice of treatment.

3. The treatment of a deep erectile tumor of the peri-cranium is never without danger.

There are, in truth, several accidents to fear, but *one* above all, and which the surgeon should constantly keep before him: I refer to necrosis of the cranial bones and inflammation of the brain. Last year we observed a marked case following the destruction of a cirsoid tumor of the frontal region by removal and cauterization.

The abscesses of the brain, interesting to study for many reasons, have this in particular, that they are produced at some distance in the brain from the point of departure, that is to say, from the point involved by the surgical wound.

The bones of the skull which are cauterized or denuded with a scalpel present ostitis, the dura-mater inflames, and we find an abscess separated from the inflamed dura-mater by a layer of healthy cerebral substance.

Let me, in this connection, remind you that, according to American surgeons, all those individuals who have been scalped by the Indians have died, some of acute meningitis, the others of abscess of the brain. The cures observed in the war of the rebellion are so rare that they may be disregarded.

Thus, then, when we operate upon an erectile tumor seated upon the scalp, we are to expect the same symptoms, because we denude the skull to a greater or less extent.

You can understand now that a large number of operative procedures have been devised for the cure of erectile tumors.

The following are the procedures, all applicable to tumors which only involve the skin and of which some are only applicable to deep erectile tumors, such as those of the orbit and tongue.

They may be summed up in a few words:

1. Removal of the tumor.

2. Modifying the contents so as to produce atrophy.

3. Causing the tumor to suppurate.

I. Extirpation is done by means of the bistoury, the écraseur, the galvano-cautery or the thermo-cautery. You act exactly as if dealing with lipoma or any tumor.

This method of operating is good if the tumor is small and superficial; but if voluminous and deep it is dangerous.

II. To modify the contents of the tumor, the blood must be coagulated, and this can be done by several methods.

1. Ligature of the vessels. The vessels to be ligated are sometimes those nearest to the tumor, and at other times the principal ones of the region.

In the first case, the two linguals would be ligated for an erectile tumor of the tongue, for instance. In the second instance we would tie the two internal carotids, and even the common carotids for a tumor of the orbit.

But it must be remembered that ligature of arteries is only successful in well defined and limited tumors.

And the examples of complete cure of deep tumors are very rare; oftenest the development only of the tumor is stopped.

2. Compression is advised by the Germans; but this is merely a revival upon their part. Compression had been advised by the first surgeons known, and this was employed by Roger and many others since. Roger tells us the story of the mother who had sufficient patience to exercise digital compression upon a tumor on the upper lip of her child, for fifteen days.

Under like circumstances surgeons have applied mechanical compression, by means of different appliances with which you are acquainted.

To exercise proper compression upon the skull, a sort of hemispherical skull-cap has been invented, which is provided with a layer of punk at the site

*France Médicale, March 29, 1883.

of the tumor; but it could hardly be employed except for tumors in the median line.

Moreover, you are aware of the fact that a pressure which is very well borne upon the body or limbs becomes insupportable when applied to the scalp or forehead. This simple fact enables us to foresee that, for our patient, we could not employ mechanical pressure.

3. Electro-puncture (electrolysis) or acupuncture have been employed to coagulate the blood in the tumor, and, as is customary, successful cases treated in this manner have been published.

4. Coagulating injections, formerly made with different substances and generally with caustics, have been extensively employed since the introduction of perchloride of iron.

The injections are made with the aid of a hypodermic syringe. Twenty to thirty drops of a twenty or thirty per cent. solution are injected. They have given good results in cases of small tumors; but when the tumors were large, when they had extensive communication with the deeper circulation, very grave accidents had to be recorded. In several cases sudden death had occurred twenty-four hours after the injection.

You readily understand how, if the needle enters the lumen of a vessel, a coagulum is immediately produced, which, being carried into the blood current, instantly gives rise to formidable accidents due to pulmonary embolism. In a few cases immediate cerebral complications have also been observed.

Broca had introduced a rather simple modification in the operative procedure, whose object was to arrest the circulation within the limits of the tumor and give the blood time to coagulate. He exercised compression all around the tumor by means of a leather disc having an opening in it.

Practice has not sanctioned this process. You must bear in mind that the vascular communications do not exist solely around the edges of the tumor, but above all at its surface, which is inaccessible to methods of compression.

5. Inoculations and injections of tartar-emetic have been employed by Young. He proposed to bring about inflammation with eliminative suppuration. Since imitators have employed croton oil, and we are not yet at an end with inventions of this kind.

Since vaccination has been performed, the idea has struck some to inoculate vaccine matter in erectile tumors. You have had an opportunity of seeing a child treated by us in this manner. We sent it to the vaccinating bureau of the Academy of Medicine, and succeeded in making an erectile tumor, situated in the left genito crural fold, disappear. This is an excellent method. Coagulation is immediately obtained, and the succeeding slough includes the tumor when it separates.

Need I tell you that it is necessary that the patient should not have been previously vaccinated.

I speak of it merely to recall it to your memory of setons coated with all sorts of substances and particularly with vaccine; they act like coagulating injections.

III. I now come to the third group of operative procedures. They have for their object the suppuration of the tumor *en masse*.

1. The different kinds of ligature made with thread or pins through the tumor in all the diameters parallel to the base.

In this manner the tumor may sometimes be taken off in one piece; unfortunately this is rarely the case.

I have placed ligatures here because their real effect is to cause the tumor to separate by suppuration, and it is this suppuration which generally destroys that part of the tumor which is involuntarily left intact.

But, on the whole, this method has been almost abandoned since the introduction of Chassaignac's linear ecraseur, whose action may be made very rapid.

2. Cauterizing with the hot iron or with caustics. Among the caustics I will mention first of all Vienna paste, to advise you never to employ it. Its effect is to bring about hemorrhage by opening up too quickly the tumor and the vessels constituting it.

You must use a caustic which *coagulates;* it is chloride of zinc or perchloride of iron which will give you the best results in this respect.

To apply this cauterization with success, you must first destroy the *skin* with Vienna paste, then immediately apply the chloride of zinc or perchloride of iron.

Finally, I come to the oldest and yet most rational mode of treatment—the application of the red-hot iron. It can at one single stroke remove an erectile tumor if small. If, on the other hand, it is voluminous, you apply it several times.

You perceive that freedom of action is much greater in using the red-hot iron. By proceeding slowly you successively bring about the coagulation of the blood in the vessels—the formation of a slough—and, finally, suppuration, which removes a part or the whole erectile tumor together with the slough.

Again, and notice this well, it is sufficient to cauterize simply the center of the tumor to destroy a large extent of it. The inflamed periphery will cause the obliteration of vessels much beyond the part burnt.

To sum up: It is important not to be too exclusive; according to the case, that is, according to the size and seat of the tumor, must you employ:

removal of the tumor, coagulating injections or cauterizations with the red-hot iron.

If you deal with an infant, always think of vaccination.

In the present case I will use the red-hot iron, but with prudence, that is to say, at intervals. I will first attack the central portion of the tumor, and wait eight or ten days. The sloughs will separate. Then I will make new cauterizations along the four principal diameters, and will take care to operate very little at a time. If there be any hemorrhage, the perchloride of iron will be sufficient for it.

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*THE ROLE OF THE LYMPHATIC VESSELS IN PRODUCING CERTAIN PATHOLOGICAL PHENOMENA.**

BY M. ALPH. GUERIN.

Certainly the most obscure points in circulation are those connected with the lymphatic vessels. Do they anastomose with the last arterial ramifications? Mascagni admitted this anastomosis; recently M. Sappey has adopted this, but micrographers are unanimously opposed to this.

As this question is of the highest interest from a pathogenetic point of view, I have studied it with the greatest care.

It is not at the periphery that we can see the arteries unite with the lymphatic terminal branches; but it is different when the circulation of a viscus, abundantly provided with vessels, is studied. The lungs are admirably adapted to the study of the lymphatic vessels which are visible to the naked eye as soon as the thoracic cavity is opened. They are still more easily distinguished when they have been injected with mercury. When this injection has been perfectly successful, the lymphatic vessels are seen to cover the entire pulmonary surface, and it is impossible to admit for a moment that the polygonal figures traced out by these vessels are anything but lymphatics. This idea is indispensable to appreciate the value of the following experiment.

If the canula of a syringe be introduced into the pulmonary artery, and an injection of water or of some albuminous liquid be injected, in a few seconds this enters the lymphatic vessels and distends them to such an extent as to render them prominent under the pleura.

If we had not convinced ourselves beforehand that there is no venous plexus on the surface of the lung, we would be inclined to think that it was small veins that were filled by the injection, but, for those unacquainted with this anatomical distribution, I will add that the injected liquid can be traced into the lymphatic ganglia, which are situated in the neighborhood of the larger bronchi.

What might appear doubtful to some anatomists is that it is not the colorless injecting fluid that first fills the lymphatics, it is a liquid with a reddish tinge. But the liquid penetrates to the ganglia, and its presence may be shown when a solution of ferrocyanide of potassium has been injected; it is then sufficient to touch the surface of a bronchial ganglion with sulphate of iron, there being immediately the characteristic reaction with the formation of Prussian blue.

There is then no doubt whatever that the lymphatics of the lung may be injected through the pulmonary artery. We may then assert that the arterial capillaries anastomose with the lymphatic capillaries.

This is still more apparent when the injection is made with a solution of gelatine. The gelatine penetrating into the lymphatics is easily recognized, on account of its color, and if the surface of the lung be penetrated with the canula of a lymphatic injecting syringe, there is no difficulty in observing the mercury pushing before it the gelatine solution.

Before studying the corollaries of the preceding, I wish to examine the objections that might be made: The first one that naturally arises is the difficulty of conceiving a direct communication between arteries and lymphatics, without having the blood corpuscles travelling from the one to the other. Nothing as yet warrants such a supposition. My experiments have only demonstrated one thing; that a liquid, analogous to the blood-serum, may pass directly from the arterial to the lymphatic system.

If the serum of the blood alone passes directly from the arteries to the lymphatic vessels, it is already something, as it is the vehicle of the white blood corpuscles.

I have found another objection: I asked myself how an injection through the pulmonary artery could give a red tinge to the lymphatic vessels, since the red blood corpuscles are too large to enter vessels of such extreme tenuity (0.002 mm., Sappey); but the answer is simple; the hemoglobine alone is taken by the injecting liquid, in which it is dissolved.

There is a last objection which I have regarded as important; is it not possible that the epithelium, being destroyed after death, might establish a communication which did not exist during life? Experiments made upon rabbits freshly killed permit me to believe that this communication exists before the epithelium would be modified by death. Besides, if the success of my objections was re-

*France Médicale, March 31, 1883.

garded as dependent upon this, that the tissues devoid of life had ruptured, this explanation would have less weight for a gelatine solution which, spreading at the point of rupture, would compress the lymphatics and not enter.

This communication is not of interest to me as a simple anatomical fact; it is above all of interest because it enables us to understand certain pathological phenomena. If so little is necessary to make the lymphatic vessels become invaded by elements they are not made to contain, it is no longer difficult to understand *inflammation*. Is not the type of inflammation a phlegmon? And, I believe, surgeons are unanimous in admitting that this disease is produced and propagated in the lymphatic vessels of the connective tissue.

If the lymphatic vessels give access to the elements of the blood, will it not become more easy to understand suppuration through corpuscles which so easily effect a passage, than by admitting with Cohnheim the passage of the white blood corpuscles through the walls of the b ood-vessels, a process he has called *diapedesis*.

My studies upon the communication between arteries and lymphatics induce me to admit that it is the invasion of the territory of the lymphatics by the blood-corpuscles which constitutes the primordial phenomenon of suppuration.

Before bringing this note to a close, I wish to notice a fact which has a certain importance in a medical point of view. I have called attention to the very large number of lymphatics which is distributed over the external surface of the lungs; as soon as the pleura becomes inflamed the lymphatics are rapidly obliterated. It is by the network that the phenomenon commences, and it is in vain that you will attempt to inject them on the lung of the cadaver of an individual who has died of a recent pleurisy. Later, the obliteration gains vessels that are more considerable in size, and, if it is not proven that the effused liquid in pleurisy is derived from the lymphatics (I am even inclined to think that it is effused because it cannot pass through the vessels), we cannot refuse to suppose, when we see them so completely cover the pleural surface of the lungs, that it is through their means that there is absorption of the effused liquid, either by admitting open pores whose existence has not been demonstrated, or by regarding this operation, as an eminent physiologist does, as a phenomenon due to osmosis.

If the lymphatic vessels are the agents of the absorption of liquids effused in the pleurisy, it is easily understood that this resorption will not take place as long as obstruction of the vessels persists. It is no doubt on this account that we see pleuritic effusions last indefinitely, without being modified by the most energetic treatment, then disappear in a few days, because the roads to absorption have been opened.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, April 28, 1883.

The Vice-President, Dr. Barret, in the chair.

DR. WILLIAMS presented the patient he had exhibited at a previous meeting, and who was affected with an orbital tumor. He had opened the cyst and found pus, which he supposed to be of recent formation. The cyst discharged well and has been kept open since by introducing a leaden tube, Dr. W. preferring a pipe to a tent for various reasons. He is now injecting pure tincture of iodine; the prognosis is favorable. The cyst-wall is not yet entirely destroyed. The lining membrane of the cyst bears some resemblance to a mucous cyst.

DR. BERNAYS was of the opinion that it was not merely a cyst, but a myxoma; he also considered the prognosis unfavorable, there being a liability of recurrence.

DR. DICKINSON was of the opinion that it was an osteoma, and that the prognosis was unfavorable.

DR. POLLAK was inclined to think that there was hyperostosis present, and that it was non-malignant, the prognosis being favorable.

DR. BERNAYS admitted that it might be an osteosarcoma.

DR. WILLIAMS still adhered to his diagnosis of cyst and to a favorable prognosis.

DR. MULHALL spoke of the peculiar action of iodine of potassium in some cases, among which one of hæmoptysis and one of œdema of the glottis, mentioning the danger to life that may be occasioned by its inducing œdema of the glottis. He also spoke of the eruption produced by it.

DR. WATKINS spoke of himself as being very susceptible to the action of the drug.

DR. LOVE then spoke of sewer-gas as one of the possible factors of diphtheria, and cited cases in support of this proposition.

DR. JOHNSTON spoke of cholera and cholera epidemics, and mentioned the general filthy condition of the streets in Oriental cities where this disease is most prevalent.

DR. SCHENCK spoke of cholera and diphtheria, and attributed their presence in great part to imperfect drainage, drawing the line of difference between drainage and sewerage. His remarks were addressed chiefly to that variety of drainage known as sub-surface drainage.

SELECTIONS.

ON THE SEPARATION AND TRANSPLANTATION OF OVARIAN CYSTS.

BY EDWARD MALINS, M. D., C.M.

[London Lancet.]

The present paper is illustrative of a very uncommon pathological condition, and affords some important and interesting details from a clinical aspect. Five cases have come under my notice where cysts were transplanted to a new situation; in one the separation was not absolutely complete when the patient was operated upon, though the transplantation was advanced; in the three others the union from the place of original development was entirely severed, and a connexion established under different auspices with fresh structures. The process by which this was accomplished created much disturbance for a time, but the cysts afterward appear to have settled down with a singular accommodation on the part of their surroundings. This toleration after an inflammatory storm has subsided is an interesting feature to note; the contest during the while is severe, the fresh region resents the intrusion of the foreign body, the temperature rises, the pulse quickens, there are pain and constitutional distress. This is continued, with varying doubts as to the issue, for an uncertain time, until the persistence of the invasion overcomes the reluctance of the new locality, and the cyst is retained where accident allots it space. Thus, like a parasite, it ultimately derives its nourishment and fosters its growth from the part which unwittingly accedes to the necessities of the conqueror.

Case 1.—Mrs. W———, aged forty-five, married twenty years, thirteen children, youngest three years old, was admitted to the General Hospital on July 1, 1882, with the following history: She stated that she had always had good health until March, 1881, when she noticed an enlargement of the abdomen, chiefly on the right side; this continued to increase in size. Six months later, while nursing and lifting a sister who was ill, she was suddenly seized with a violent pain in the abdomen and was obliged to go to bed. This was followed by an attack of inflammation of the bowels, which caused her to keep her bed for several months; she was very feverish, and had occasional shiverings. The abdomen became much reduced in size, but still swollen and tender, and in March, 1881, a large abscess formed below the navel, which, pointing outside, was opened by the doctor and several pints of matter let out. This discharged for some weeks and ultimately closed. Still a large lump remained; it was not particularly painful, but she was feeble and unable to work. Menstruation had been regular. On examination the patient was thin but otherwise healthy-looking. The abdomen was not tense; a little to the left and one inch and a half below the umbilicus was a depressed cicatrix an inch long. On palpation a rounded mass was felt about the size of a small cocoa nut, the bulk of which was to the right of the median line, the upper border being a little higher than the level of the umbilicus. Fluctuation was indistinct; it was smooth and evidently adherent to the inner aspect of the abdominal wall. The uterus was free; there was nothing abnormal in the pelvic roof; there was no albumen in the urine. On July 12th the abdomen was opened in the middle line by an incision three inches long through somewhat dense tissue, when a cyst was found adherent to the abnormal wall, the omentum, and on the left to about four inches of small intestine. The adhesions were separated and the cyst removed; there was no pedicle, and on examining the pelvis the right ovary was absent. The Fallopian tube could not be traced. The patient made a good recovery. The cyst weighed nine ounces and a half, was crinkled, dull, and dense; its walls were an eighth of an inch thick, irregular, and the interior contained about nine ounces of thin grumous fluid. It would appear that there was originally a large cyst; that this, probably containing clear fluid, had ruptured, giving rise to the inflammation of the bowels spoken of by the patient; that the cyst diminished in size, became adherent to the place I have mentioned by the activity of the inflammatory action; that, becoming fixed, it gradually dragged away from its attachment to the broad ligament, this stretching being favored by the constant movement of the intestines, until at last it established itself by a prescriptive right of possession to the new situation it had acquired. Probably as a result of the inflammation of its walls, and in some measure owing to the low vitality its connexion must have permitted, there was free suppuration in the interior, which, finding its way in the direction of least resistance, the pus was let out when it showed signs of coming through the abdominal wall. After this there was an abeyance of acute symptoms, but the tumor remained with a future before it upon which we may speculate as probably that of a passive existence.

Case 2.—Miss S———, aged eighteen, pale, strumous-looking, stated that she was brought up in the country until a year ago, when she came to live with some relatives in Birmingham. Before leaving home she had a bad attack of "inflammation of the bowels," and was confined to bed for some weeks; since then she has never been well and strong. Has been irregular, and suffered from occasional attacks of pain in the lower abdomen and right side; this was always most during menstruation, obliging her to lay by for some days. On Oc-

tober 23, 1882, she got wet and went to bed with indications of an ordinary cold. On the 25th she had a shivering with acute pain in the abdomen Dr. Lewis was sent for, and the pain relieved by hot fomentations and opium. On the 25th I saw her with him; she then had constant sickness, pain and tenderness over the abdomen, particularly in the right iliac region; quick pulse and high temperature. Per vaginam the uterus was fixed, the pelvic roof hard throughout; by the rectum the pelvic contents were represented by a general hardness, through which definition was impossible. Her urine was free from albumen. On the morning of the 28th she was seized suddenly with an intense aggravation of the abdominal pain, with collapse. The abdomen was distended and exquisitely tender; there were profuse sweating and general torpor, the tongue dry, pulse 130, temperature 102° F. She never rallied, and died on the 29th at 1 P. M. On the following morning a post-mortem was made by Dr. Lewis. On opening the abdomen there were signs of general peritonitis; the intestines were dull, slightly adhering in some parts, more firmly in others, with here and there patches of recent lymph. On the right side of the pelvis the parts were matted together by inflammatory adhesions. To the inner aspect of the cæcum, adhering to it, to the omentum, and to the adjacent coils of small intestines, was a cyst the size of an orange, smooth where not attached, and tailing off with a band like a pedicle into the thickened mass on the right of the uterus, in which by careful dissection no trace of an ovary could be found. The cyst contained between two and three ounces of thick yellow pus, and at its lower part was a small opening through which this had ruptured into the peritoneum. The cyst wall was dark leaden-coloured, about two lines thick, denser in some parts than others; and over one side could be traced a band, which terminated irregularly like the end of the Fallopian tube. The inner surface was roughened and irregular. The left ovary was enlarged, and the Fallopian tube on that side distended and containing pus. The uterus was small and hard, intimately connected by adhesions with the rectum and surrounding parts. Read by the light of this history, the explanation seems to be that the girl had an ovarian cyst which became adherent during the attack of the so-called inflammation of the bowels a year before; that it subsequently suppurated, and was associated with a condition of chronic pelvic peritonitis; that it became separated and transplanted, eventually ruptured and caused death. That such a state of parts in the pelvis is not inconsistent with a tolerable condition of health and ability to pursue the ordinary avocations of life we have occasional clinical knowledge. One case I remember, seeing at the post-mortem of a young person who died of peritonitis after a few days' illness; the ovary was dilated and filled with pus, which had burst into the peritoneum. The abscess of the ovary was evidently of old standing, and yet within a week of her death the patient was going about as usual.

Case 3.—Mrs. T———, aged thirty-three, fair and healthy-looking, four children, the youngest five months old, came as an out-patient to the General Hospital on October 27, 1882, with the following history: She stated that her health had always been good until after the last confinement, when she noticed a swelling on the right side of the abdomen, which was gradually getting larger; it was not painful, and only affected her by the inconvenience of its bulk. On examination, the abdomen was smooth and tense, larger in the right half, fluctuating throughout; no solid matter felt. The uterus was drawn up to the right, and measured three inches; no albumen in the urine. Diagnosed large unilocular cyst of the right ovary. The patient was advised to wean her baby, and come again in a month's time for operation. She was admitted into the hospital on January 5, 1883, having written to say that she had been detained by a bad attack of "inflammation of the bowels," for which she had been in bed a fortnight; this came on suddenly in the night, after going to bed in her usual health. On examination, I was struck with the change in the appearance of the abdomen from the time of her last visit. Instead of a uniform distension, smooth, tense, and fluctuating, there was now a prominent bulging in the middle of the abdomen, below the umbilicus. This was manifestly adherent to the inner wall, the surrounding parts being lax, and the skin quite loose. It was about the size and shape of a "Rugby" football. On January 11 the cyst was removed. It was adherent to the anterior abdominal wall, the omentum, and to about three inches of small intestine; its lower border was connected by a pedicle which had rotated round from the right forwards, and over to the left for about three turns, presenting the appearance of a twisted umbilical cord. The connexion with the broad ligament and right side of the uterus was shelled off by the fingers from an area of organising extravasation; there was no ovary. The cyst was olive-green colored, smooth externally; it weighed thirteen and a half ounces, and contained seventy-four ounces of port-wine colored fluid; its walls were thick and puckered, its interior irregular. A glass drainage-tube was put in the abdomen and retained for five days, during which time eight ounces of sanguinolent fluid were taken away. The temperature was never more than a little over 99°, and the patient has made a capital recovery. A similar explanation is applicable to this case from the course in which events were

noted with a reasonable probability of sequence. There was a large thin-walled cyst; this ruptured in the night; the cyst collapsed and became twisted round on its pedicle; peritonitis succeeded from the quantity of escaped fluid, then came adhesion, arrest of circulation by the torsion with transudation of blood in the interior, and finally separation with transplantation away from the primary source.

Case 4.—Mrs. P———, aged thirty-three. This case is recorded in *The Lancet* of April 14, 1877, p. 529. There was a large single cyst which was tapped on February 18, sixteen pints of fluid being withdrawn; on March 3d it was removed, the patient making a good recovery. In this case the pedicle was rotated for two complete turns; there were recent adhesions to the omentum, anterior abdominal wall, and small intestine. The cyst weighed 1 lb. 9 oz., was shrunken, dark livid colored, and contained half a pint of dark colored fluid. Here the mechanism by which the result was produced was identically the same. A large single cyst was tapped; it collapsed, drifted from its moorings; under the influence of soft elastic pressure from constantly moving intestines it became twisted round on its stalk; peritonitis gave the conditions for the adhesion which was present, and transplantation was practically complete. The twisted pedicle no longer afforded a link for the vital connexion, but, with the principle of true conservative reparation, delayed its final separation, while the cyst was forming adhesions by which it was destined to find an independent existence.

Case 5.—F. V.———, admitted to the General Hospital on February 17, 1881, with the following history: Has been ill for two years with pain in the left side of the abdomen, which has been gradually increasing in size. Sixteen weeks ago, while sitting still, was suddenly seized with pain in the abdomen; this was followed by an attack of severe inflammation of the bowels, for which she has been in bed ever since. Five weeks ago she was seen by an eminent surgeon, who diagnosed hæmatocele, and aspirated through the abdominal wall; rather more than six pints of dark-colored fluid, mixed with blood, were taken away. The pain and swelling still continued. On admission the abdomen measured thirty-one inches round; from the umbilicus to the left superior spine, five inches and three-quarters; to the right the same. On February 22, the abdomen was opened, and a cyst formed of the right ovary was found adherent to the abdominal wall, the omentum, and about four inches of small intestine. The walls were about one-eighth of an inch thick and dark olive-green colored; the cyst weighed 1 lb. 3 oz., and there was about five pints of port-wine-looking fluid in the interior. The pedicle was twisted two and a half times, was friable, and easily disconnected from its attachment, which was in the process of separation. The abdomen was drained and dressed antiseptically. She made a good recovery.

In the cases I have narrated it will be seen that the four operated upon recovered, that there was a close similarity in the history as given in the accounts of the patients themselves, and in the symptoms exhibited. In the remaining one it would have been hopeless to have attempted any operation from the extent of the chronic pelvic peritonitis, which was lighted up by the rupture of the pus-containing cyst, and the extreme condition of the patient at the time the consultation took place. That large, thin-walled cysts may burst, giving rising to temporary disturbance, and ultimately disappear, is now well known, but that under certain conditions transplantation may take place there has not been as far as I know any clinical record. In the *Edinburgh Medical Journal* for January, 1861, is a paper by Professor Turner, of which he was kind enough to send me a copy. He there relates a case found in the dissecting-room in a woman aged seventy-nine, where an ovary the size of a fœtal head was transplanted to the peritoneum covering the first and second lumbar vertebræ. He also quotes an essay by Rokitansky upon the same subject, mainly setting forth the effect of peritoneal inflammation in intra-uterine life. In a paper on mesenteric and omental cysts by Mr. Knowsley Thornton, in the *British Medical Journal*, December 23, 1882, is a case which appears to be in support of my observations; a left dermoid cystic ovary was twisted off from its pedicle and became adherent to the omentum on the right side from which its nourishment was derived.

ON TRANSFUSION.

BY J. F. LE PAGE, L.R.C.P., ENG.

[British Medical Journal.]

The operation, to matters concerning which I wish to direct attention, may justly, if not logically, be styled both old and new; old, because it was practised in England by Dr. Lower, of Oxford, and by Sir E. King, in the year 1665 - six generations back; new, for the reason that a large majority of general practitioners have never had the opportunity of witnessing it—an operation which is untaught in our schools; which has never received the recognition it deserves; which has not yet attained to its legitimate place in surgery and in obstetrics.

When, from hæmorrhage, our patient having sunk to the lowest ebb, life is flickering and dissolution apparent, hope is still justified, resuscitation is still possible; and more, it is the very general result of this most important operation.

How, then, is it, that its use is almost limited to specialists? Is it not because the general practitioner does' not fully realise its precise indications, nor indeed the pathological nature of the conditions which require it?

Let us suppose that we have a patient who, having suffered excessive hæmorrhage, is rapidly sinking. What do we observe? A gasping for air; an absence of pulse; jactitations, and so on. And we say, death is resulting from the draining away of vital fluid. We consider it a very proper thing to attempt to give stimulants, and to supply nutriment by enemata. But what is the result? Our patient dies, and we are satisfied that the case was beyond the reach of human aid.

Surely it is time that the marvellous discoveries in physiology and pathology should open to the sight of the intelligent physician that vista through which he may distinctly discern the relationships existing between effect and cause; the pathological nature of the conditions; and the basis of a rational and scientific treatment. It is utterly futile to attempt to administer stimulants, when the functions of the stomach are altogether suspended, or when it rejects everything; and to inject nutritive enemata, when the absorbent system is completely paralyzed, and has lost its faculty of assimilation. Now, in such a patient, the first thing we notice is a gasping for air. But what is gasping? It is an indication that the respiratory centre in the medulla oblongata is not duly stimulated; or that, being stimulated, the force is not at hand for it to transmit. Let us note that the natural stimulant of the respiratory centre is carbonic acid, and that, when carbonic acid is in excess in the blood, respiration is abnormally rapid; provided that the force is not deficient, as in sleep, or almost entirely absent, as in the partial stasis of profuse hæmorrhage. No inspiration, as an involuntary act, could, in health, take place, were it not for the presence of carbonic acid in the venous blood traversing the medulla. How, then, does it come that this centre fails after hæmorrhage? In this way: The respiratory centre is the transmitter, at regular intervals, of nerve force to the respiratory muscles; but it is not the mechanism which transforms matter so as to develop that force. Whilst carbonic acid is essential to the inspiratory act, oxygen is equally essential in the generation of that force, which the centre transmits. Well, there is a deficiency of oxygen because there is a deficiency of blood in the brain; and what little is there, is in a state approaching stasis. Propel more blood through the cerebral vessels, and what happens? Oxidation goes on; force is developed, which the inspiratory centre, stimulated by the carbonic acid in the blood, rhythmically discharges, and respiration is re-established.

Again, we notice the absence of pulse after extreme hæmorrhage. Pulse is the wave of propelled fluid dilating the arteries. But what if there is no fluid to propel? The absence of the pulse is the result of the heart's dynamic inability to work when deprived of that on which to spend its energy. Give it blood to propel, and propulsion will follow.

This leads me to the indications to which these considerations point. Oxygen must be sent to the brain, carbonic acid to the respiratory centre in the medulla, and fluid to the heart. And how can we accomplish this? I have adopted this plan in patients who were not actually *in articulo mortis;* and, so far, with complete success. First, place the head low and raise the pelvis, so that blood may gravitate to the medulla; then autotransfuse: that is to say, transfuse the patient's own blood from the extremities to the vital centres. This is done by firmly bandaging both legs and arms, commencing at the feet and hands. At this stage, ether may with very great advantage, as a most valuable means of stimulating nature's powers, be injected, intermuscularly; and I venture to suggest that it would be both rational and expedient to inject a minute quantity of strychnine with the ether, for strychnine we know to be a most powerful and certain stimulant of the inspiratory centre. It now becomes our duty to supply the patient with such nutriment as is capable of sustaining life; and to this end, should the stomach still reject liquids, the assimilation of nutritive enemata will meet the case.

Striking as is the success of this treatment, desperate cases do occur in which there is absolutely no hope excepting by placing directly into the circulation new fluid capable of arousing and sustaining life; and in these cases, as in the resuscitation of the drowned, there is ground for hope even after death has practically taken place.

A question of no little importance is that of the form in which the ailment shall be used. There are many cases on record in which *whole* blood has been used with complete success. The same thing may be said of defibrinated blood, and also of saline alcoholic solutions. The objection to the use of pure blood is its tendency to coagulate. Clotting may take place in the heart, in the vein, or in the instrument. How, then, can we avert its coagulation? By the very careful exclusion of air, by preventing cooling of the blood, and by the admixture of a small quantity of ammonia. In the first drawings of my transfusion apparatus, I had a device by which I could inject small qantities of ammonia into the blood as it passed through the instrument. As this involved a more complex mechanism than I desired, I was led to an experiment which, so far as I know, is original. Not only

ammonia, but salines generally, retard fibrination; and it occurred to me that a convenient process would be that of preparing the blood of the giver before it was drawn from his vein. I need not here explain the experiments I made at length; but the deduction was this, that by administering, ten minutes before blood is drawn, as large a dose of a saline with ammonia as can well be borne, fibrination is very materially retarded. I infer that, with the precautions against cooling and the admission of air, this preparation of the blood will effectively remove all danger from clotting.

Defibrinated blood has its advocates; and their grounds of preference are, that all danger of coagulation is avoided, and that it is unnecessary to bring the giver of the blood into the room.

In favor of the saline alcoholic solutions and milk, may be urged the impossibility, which must often present itself, of obtaining blood at the time when alone it can be of any avail; and the fact that they are always available at short notice. Dr. Hodder records, in the Practitioner of 1873, the cases of two patients, moribund from cholera, in whom he injected pure milk, in one fourteen ounces, in the other twenty-eight ounces. Both recovered. And here there was not simply a draining of blood to contend with, but a most potent poisonous influence. A teaspoonful of common salt, half a teaspoonful of carbonate of soda, with two teaspoonfuls of alcohol in a pint of water; or even simple water, with a few drops of ammonia in it, may be used. Half the mischief arises from the heart and arteries having nothing to contract upon; and hence we see how it is that these simple fluids answer the purpose. It is, of course, necessary to follow up transfusion by warm enemata of beef-tea, with brandy, and probably a little opium; to keep the legs and body warm, and, as soon as deglutition can be performed, to give brandy and hot water.

The operation itself is performed thus: Transfix transversely a fold of skin pinched up in the course of a vein at the bend of the elbow. Seize the vein and raise it with forceps, which are made for that purpose. Then open by a longitudinal incision. An assistant may now compress the vein with his thumb, whilst a vein is opened in the same way in the giver's arm. Then, having carefully charged the instrument with a warm saline solution, insert the cannulas into the veins; of course, pointing centrally in the patient's and distally in the giver's arm. Now, propel the blood slowly and smoothly, and watch the effect. Six or eight ounces will probably be ample. Then remove the cannulas, apply a compress, and bind with broad tape with figure of eight round the elbow.

Of a certainty, the pouring away in very profuse *post partum* hæmorrhage must be arrested by styptics, or otherwise, before we begin to replenish. Let us not, however, rest satisfied because the styptic is effective in arresting, and in preventing a recurrence of, the hæmorrhage; for the patient may sink rapidly from the loss sustained.

In cases of placenta prævia, when hæmorrhage has been profuse, death often follows the shock of artificial delivery. I very vividly remember two such cases which have come under my own observation. Here, transfusion before delivery would relieve the extreme depression and avert fatal issue.

But, I take it, conditions do exist in which transfusion appears to be indicated where there has been no loss of vital fluid whatever. I refer to those where blood-poisoning exists. Take, for instance, puerperal convulsions. In convulsions with albuminuria, is not the blood unquestionably poisoned? Our ancestors, two generations ago, would have bled, had they recognized this condition; and may not we, from them, take this lesson, pregnant with truth: that venesection abused, and ridiculed as it is in the present day, is a most powerful agent in our hands for good, could we but cast aside that demon, fashion, which so detracts from the innumerable and inestimable benefits our noble profession is ever conferring on our race?

In puerperal convulsions, prostration threatens to be fatal. By bleeding, we necessarily abstract a portion of the poison; by transfusing new fluid, we dilute the poison still circulating. The effect, reasonably to be expected, is, that the system rallies from the prostration. And, carrying this thought further, I venture strongly to urge the expediency of venesection and subsequent injection in many other poisoned conditions of the blood; be the poison generated within the body, or received from without.

We know and recognize the signs of threatening dissolution; and we should be prepared, with clear and well defined ideas, vigorously to adopt a treatment which may not fall short of the urgent demands of the case, even when an operation, which has hitherto been looked upon as so formidable, is indicated.

I am convinced that the time is not far removed when, to permit a patient to die of hæmorrhage, will be considered little short of culpable homicide; when transfusion will take its proper place in medicine, in surgery, in obstetrics; when many valuable lives will be saved, which would inevitably be lost but for a weapon so potent, so effective, in defeating our common emeny, death.

"HAVE YOU EVER TRIED the faith cure?" asked a long-haired, sallow stranger, addressing gentleman in a street car. "I have," was the reply. "Do you believe in it?" "I do." "May I ask, then, of what you were cured?" "Certainly, I was cured of my faith.

The New Orleans Medical and Surgical Journal calls attention to a method of artificial respiration discovered by Dr. A. McDaniel, of Alabama, and very justly, we think, after having read a description of it, complains that it has not received merited recognition by the profession (Med. Age). That the fault has not lain with the discoverer is evident from the fact that he read a paper describing it before the American Medical Association in 1869, and another before the Alabama State Medical Society in 1879. The method is in many respects an improvement on Marshall Hall's and Sylvester's methods; it is especially adapted to small patients. We give a description of it in the author's own words, as copied from our contemporary: "After the invention of the spirometer, by Hutchinson, it was soon ascertained that the capacity of the chest is greater in the erect form than in any reclined or recumbent position. This is a great fact for physiology, for pathology, and for therapeutics. The chest is a cylinder, and the diaphragm is a piston whose pump motion varies the chest capacity and causes an ingress and egress of air. In the recumbent position the liver and other contents of the abdomen press upon the diaphragm and diminish the chest capacity. In changing from the recumbent to the erect position this pressure is gradually removed and the chest capacity is increased. It is obvious that all that is necessary to cause air to enter the lungs is to change the patient from any recumbent or any inclined position to the erect one; and all that is necessary to cause the air to pass out of the lungs is to move the patient back from the erect to any inclined or recumbent position. But I have discovered that the increase of capacity in the chest is slow and small in moving from the recumbent position to any elevation of forty-five degrees, and rapid in ascending from forty-five degrees to the erect position. It is, therefore, not essential in practicing artificial respiration to move the patient through the whole range from recumbency to erectness, but is sufficient to use only the upper half of this range, merely moving the patient from a forward inclination of forty-five degrees to the erect position and back again. Every upward and backward movement produces an inspiration, and every forward and downward movement an expiration, and the two together a complete respiratory act. By regularly repeating these acts artificial respiration is rhythmically performed, and can be prolonged at will. Any one will find that if he leans forward from the erect position to an inclination of say forty-five degrees, he will mechanically and involuntarily expire, and if he moves back to the erect position he will mechanically and involuntarily perform inspiration. He cannot, by any power of volition, prevent the result or reverse it. This simple movement upward and backward to the erect position, and downward and forward to a sufficiently inclined position, regularly repeated, constitutes my proposed new method of artificial respiration." In this connection we might suggest that the name of Dr. Kedzie has not been as intimately associated with his method of resuscitating the drowned as it should be. We have seen it described without the remotest reference to its author. "Kedzie's method" certainly deserves a place in medical nomenclature.

BOOKS AND PAMPHLETS RECEIVED.

Tenth Annual Report of the Secretary of the State Board of Health of the State of Michigan for the fiscal year ending September 30, 1882. Pp. 592.

First Annual Report of the Provincial Board of Health of Ontario for the year 1882. Pp. 187.

Alcoholic Inebriety from a Medical Standpoint, with cases from Clinical Records. By Jos. Parrish, M.D. Philadelphia: P. Blakiston, Son & Co. 1883. Pp. 185.

The Pathology and Morbid Anatomy of Tubercle. Report to the Wisconsin State Medical Society. By N. Senn, M.D. Reprint. Pp. 33.

Homicide and Suicide in the City of Philadelphia during a Decade, 1871 to 1881, inclusive. By John G. Lee, M. D. Pp. 32.

Proceedings of the Sanitary Council of the Mississippi Valley at its fifth annual meeting, Jackson, Miss., April 3 and 4, 1883. Pp. 12.

Report of Proceedings of the Illinois State Board of Health at quarterly meeting, Chicago, April 12–14, 1883. Pp. 19.

The Weekly Medical Review.

Vol. VII. No. 17. CHICAGO AND ST. LOUIS, MAY 12, 1883. Terms: $3.00 a Year.

The Old and the New.—Our brethren in New York seem to be having a hard time of it with their New Code. A meeting of the Academy of Medicine was held April 19th, which was quite largely attended, being, as it is charged, "packed" with the friends of the old and enemies of the new. After a couple of papers had been read and the usual programme had been followed, Dr. Austin Flint, Jr., rose and proceeded to read certain resolutions deprecating the admission of any Fellow who could not support the old code. These resolutions had been prepared secretly by one faction, to be rushed through when but a minority of the other were present. It seems to have always been the unwritten understanding that no questions of policy, like this, were to ever be discussed in the Academy. Its doings were to be either purely scientific or purely social. The County Medical Society was to be the arena where political questions were to be discussed. It was a genuine surprise then that these gentlemen should, under any circumstances, bring the matter up in the Academy, but most of all that no public notice was given to that effect. Only the friends of the measure knew as they went to the meeting that anything unusual was to occur. It was the desire to muzzle the liberals and to check all opposition. Those gentlemen who asked for opportunity to fairly discuss the matter on its merits were choked off at once, and with hisses and jeers. And so the resolutions were with indecent haste and by disreputable means adopted. The methods of these *gentlemen* who thus "got in their votes" were, to say the least, *peculiar*. We fear that if the Irish ever take Ireland it will be by adopting a similar policy, which we accordingly commend for that purpose. The profession and journals of the East are too fond of allowing themselves to misrepresent the doings of their Western colleagues as *crude*, and our Western educational advantages as inferior, and rather insinuate that out West we lack *tone*. After this riot in the metropolis, we feel certain that it can no longer be the high privilege of any member of the Academy, at least, to point the derisive finger westward. We might possibly institute comparisons between it and the Chicago Common Council, or a ward primary in the "bloody fifth ward," comparisons not particularly favorable to either side; but the most turbulent medical meeting ever held in the West would seem like a Sunday-school when compared with this session of the Academy. Imagine Dr. Agnew asking: "Then the object is to "throttle this Academy?" and Dr. Flint, Jr., replying, "Undoubtedly it is!" Moreover, an amount of ill-feeling and distrust has been engendered by this action which will never subside during the present generation, and now it is being carried into the colleges and hospitals. For instance, Prof. Howe, of Bellevue College, rather than recede from his position in favor of the New Code when asked to do so, has just tendered his resignation. Rumors of other resignations fill the medical atmosphere; and so it goes, and the end is not yet.

To Deodorize Iodoform.—Dr. Q.C. Smith, of Austin, Texas, recommends the following (Southern Practitioner): ℞ Iodoform, fine powdered, ʒj; Tannic acid, ʒss; Balsam Peru, Oil Sassafras, Oil roses, Oil camphor, aa gtt. ij. Mix thoroughly. We have used this formula for several months, and find it much the best of the many we have tried.

At a recent meeting of a German medical society (Verein fur innere Medzin) Dr. Leyden exhibited germs taken from a case of fatal inflammation of the brain and cord (Brit. Med. Jour.). According to him, there is little doubt that meningitis is due to germs. Both Klebs and Ebert have observed meningitis after pneumonia, where micrococci were present in the sputum; indeed, Ebert detected the same germs in the fluid exuded from the inflamed meninges as he found in the pneumonic exudation; the same authority found micrococci in the pus, from a case of pyocephalus. In purulent fluid, found under the meninges of a school-boy, aged sixteen, Klebs discovered bacteria in active motion. Ebert claims to have observed, in the pus from traumatic cases of meningitis, germs of a different kind to those which he had found in septic cases of the same local affection. The question remains as to whether idiopathic meningitis, independent of wounds, pneumonia or pyæmia be a parasitic disease. Dr. Leyden believes that it is essentially due to micro-organisms. He bases his observations on a case under his own observation. A woman, aged thirty-five, was seized with violent vomiting in a railway carriage, on December 22, 1882. As she was stepping out of the carriage at the Berlin terminus, she was seized with giddiness, and fell on the platform. Her face was bruised, and the membrana tympani of one ear ruptured, some fluid escaping. A few days later she was admitted into Charite Hospital, with inflamed ear, violent headache and constant sickness. After the other tympanic membrane had become perforated, and appropriate treatment adopted, the patient apparently recovered. At the end of last of January all the symptoms recurred, with the more special symptoms of cerebro-spinal meningitis, rapidly proving fatal. At the necropsy the exudation over the pia mater of the brain and cord was found to be very abundant, the otitis had disappeared, and the perforation in each membrane had closed. In the fluid, hosts of micrococci of a perfectly oval form were found, oscillating freely, and rather larger than pneumonic micrococci. Some were solitary, some in pairs, some in chains. In the discussion that followed Dr. Leyden's demonstration, Dr. Baginsky observed that, in children who had apparently recovered from cerebral symptoms after the rupture of one membrana tympani as the result of suppurative otitis, fatal pneumonia sometimes appeared very suddenly in a few days, and this complication was probably due to micro-organisms. In Dr. Leyden's case there were symptoms of intracranial disease before the patient fell out of the railway carriage; but then rupture of one membrana tympani occurred, discharge escaped, and thus clear evidence of otitis was proved by the accident.

The Water-Bed as a Lying-in Bed.—A young primipara was sent in for artificial premature delivery. (Professor Braun's Clinic — Obstetric Gazette). She was in the eighth lunar month, and was suffering from morbus brightii. The nutrition of the parts was disturbed by the enormous swelling, and the lesser labia had become gangrenous. The vicinity of such a patient endangers the others. So we put her in a room alone, giving her her own nurse and physician, who were not even to enter the lying-in wards. We did not consider it advisable to bring about delivery in the mother's condition. In any case, the prognosis for both mother and child was bad. The child had been poorly nourished, must be imperfectly developed and too weak to live, while the mother's chances of recovery in the present state of affairs would be lessened by artificially produced labor. The lymphatics would become engorged with this rotten mass, lymphangitis resulting, then the areolar tissue would be involved, and finally our patient would succumb to septic-peritonitis. Her treatment consisted in frequent irrigation of the vagina with a three per cent. carbolic solution, and thymol dressing to the vulva with appropriate diet. We were expectant three days; on the fourth she gave birth naturally to a 2100 grm. living child. The gangrene spreading, we had her placed in a water-bed, in which

she has been now five days, without fever and with a good appetite. To put a lying-in woman in a warm bath seemed until recently a strange thing, but theoretically there is nothing against it. The spread of the gangrene is stopped, the putridity is swept away, and she feels perfectly comfortable.

Dr. Bassi has written of resorcin as the "quinine of the poor." He reports twenty cases of intermittent treated with it, of which seventeen were at once cured (Med. Rec.). It required only two or three doses for each case, each dose being about two grammes. Resorcin was first obtained from galbanum resin in 1864. It is now best prepared by fusing potassium benzol-disulphate with caustic potassa. It is closely allied chemically and physiologically with phenol, having its formula C_6, H_6, O_2, one atom more of oxygen than phenol. Fürst, of Vienna, has reported favorably as an antipysetic; Skibnevsky has treated erysipelas with hypodermics of a five per cent. solution of it; and Andeer has found that it is not absorbed by sound skin, but under a 50 per cent. ointment of it cases of anthrax pursued a most favorable course. It is not known to cause any poisonous effects like phenol.

An admirable Casuistic on tumors of the thorax and their treatment has been given by Weinlechner (Wein. Med. Woch., 1882, No. 20). With reference to their extirpation their most important feature is resection of one or more ribs with or without opening the pleura. It is often difficult to diagnose to what extent the ribs are involved. For instance, he had to extirpate a supposed osteochondroma of the anterior thoracic wall, which was quite immovable, and which proved to be a submuscular fibroid held firmly by processes reaching under and around the ribs. Recovery in three weeks. W. says one case of gelatinous cancer, as afterwards proved, had extended to mediastinum, pleura and lung, from which on exploratory puncture air escaped with a sound. Sometimes the pleura is thickened, and sometimes this desirable complication is lacking. It happened to Schuh in 1860, when extirpating a large enchondroma, to find it not thickened and to open the pleura. In two days the patient died of pyopneumo-thorax. Perhaps if antiseptic surgery had been known in those days the result would have been different. Fischer, of Breslau, removed an enchondroma weighing 9½ pounds, with exsection of three ribs. In spite of alarming collapse when the thorax was opened the patient recovered. Before the days of antiseptics Richeraud secured temporary recovery after removal of four inches of the sixth and seventh ribs for carcinoma. Langenbeck lost a similar case from collapse and sepsis, and Israel another from septic pleuritis three months after.

A Myxo-chondroma as large as two fists was removed by Weinlechner (Centrlblt. f. Chirurgie, 1882, No. 34) from the right chest wall of a man of thirty-seven, but not without placing him in imminent jeopardy. After removing the external portion it was found that underlying ribs had softened and disappeared, so that the finger penetrated easily into the mass, and it was thus recognized that the tumor mass connected with the lung. The opening was enlarged by removal of more rib and the pleura opened. With this the patient collapsed, and it was necessary to pull the tongue forward. The diseased portion of the lung was ligated and cut off. Bleeding was very free. Although the man recovered sufficiently to take wine and milk he died in twenty-four hours of septic pleuritis. He also reports the following case. A woman, aged fifty, had had since childhood a tumor hard as bone on the sternum. Two years ago she had a tumor—sarcoma—develope in the left breast, which in a year connected with the sternal tumor. At the autopsy—death being caused by pyæma—it was found that it would have been possible to extirpate the entire tumor of the bone by resection of the sternum.

Concentrated Solutions of saline cathartics are recommended by Dr. Matthew Hay in the treatment of dropsy (London Lancet). He has succeeded in demonstrating, from experiments on man and dogs, that saline solutions, given in a concentrated form when the alimentary canal contains little or no fluid, produce an almost immediate and very decided concentration of the blood, by depriving it of a large amount of its water through the intestinal secretion which the salt excites. This concentration of the blood reaches its maximum in about half an hour, and is so marked that he found in the case of a man, to whom he gave three-fourths of an ounce of sulphate of soda in three ounces of water, that the number of blood-corpuscles in each cubic millimetre of his blood rose from about 5,000,000 to 6,790,000. This degree of concentration does not last long, but in from one to one and a half hours begins to decline, and at the end of about four hours is reduced to normal. This reduction is effected by the abstraction of lymph and other fluids from the tissues, but the alternations in the volume of the blood seem to have no effect on the blood-pressure. A second concentration takes place some hours after, owing to the diuretic effect of the absorbed salt. Based on these considerations, he made several trials of the concentrated salt in cases of dropsy, with very satisfactory results in most of them. He says, that he has found it more useful in general dropsies than in local ones, and of the general dropsies most beneficial in those dependent upon a stasis of the circulation, as cardiac dropsy. He particularly recommends the sulphate of magnesia as the most suitable saline cathartic for this purpose, owing to its ready solubility, being soluble in less than its own weight of water.

Several cases of telangiectatic tumors have been successfully treated by Dr. Fiorgani (Allg. Med. Cent. Zeit) by external application of corrosive sublimate in collodion, three parts to twenty. He applies four layers, going a little beyond the borders of the tumor. On the fourth day the edges are a little raised and the application is repeated, and again every four days until the swollen edges have become depressed. After the crust falls off the surface is seen to be somewhat sunken and of a pinkish color, which gradually changes to a normal hue. The method is painless, and can be employed where the angioma is raised but a line or two above the surface.

Specimens were presented at a recent meeting of the N. Y. Pathological Society, proving that even the rhinoceros may be subject to tubercular disease. A large animal of this genus, which had been in apparently excellent health, was found dead one morning. On autopsy tuberculous nodules and deposits were found on the stomach, in the spleen, liver, peritoneum; twenty-eight gallons of serous fluid in the thorax, adhesions of the pleural surfaces, tubercle in the mediastinum, lungs, heart, and bronchial glands. These affections were evidently all of old standing. At the same meeting Dr. Wyeth showed specimens of abnormal carotids; in one case there was no *common* carotid on one side, while the *external* arose from the aorta on that side. The skull of this subject had no carotid canal at the apex of the petrous portion of the temporal bone. Only one other such case is known—that mentioned by Hyrtl.

Medicated Gelatine in local treatment of skin diseases is highly spoken of by Prof. Pick, of Prague, (Wein. Med. Zeit). The gelatine is dissolved in double its weight of distilled water, in a bath, and the desired medicine stirred in. This is cooled in any convenient shape. The patient is instructed to melt a piece of this in a saucer set in hot water and apply with a brush to the diseased surface. After this is dry it should be occasionally painted with a thin coat of glycerine, which prevents its getting so dry and peeling off, and also makes it flexible, so that motion at the joints is not prevented. It is a most clean and convenient dressing, and should come rapidly into favor. It is easily removed in the warm bath.

In the Boston Medical Journal (April 19) Dr. F. A. Harris has a masterly review of the evidence—expert and other—in the Malley trial, the case being the alleged murder of Jennie Cramer, which has not yet been forgotten. He shows that the post-mortem record was—as so many of them are—insufficient; that the evidence in favor of death by drowning preponderates over that opposed to it; that the tests for arsenic were not fully reliable, and that the quantity found, if it really was the cause of death, can be noted as the smallest fatal amount yet on record. Moreover, assuming all the witnesses to have been correct as to their last identification of her on Friday night (she was found floating next morning early), this minimum fatal dose must have been fatal within five hours, in which time post-mortem rigidity must have set in and disappeared, the hands assumed a water-logged appearance, decomposition have begun, and gases have formed to such an extent as to cause the body to float with the tide—all of which is of course absurd. Furthermore, a meal of steak and mushrooms which she ate Thursday morning was still found in the stomach, while no trace of meals which it was said she had eaten after that could be found. The evidence as to whether she had or had not been raped was equally unsatisfactory and uncertain. The inevitable conclusion then is, that it was a case of mistaken identity on the part of the witnesses who swore to seeing her late Friday night—and that she must have either jumped or fallen into the water on Thursday and before she had a chance to eat another meal after the one including the mushrooms. We commend the manner in which the variety of evidence is discussed in the paper.

Rosenthal has Recqrded an interesting case of trance in a hysterical woman, in which a country practitioner had declared death to have ensued, as a looking-glass held to the mouth did not show any moisture, and melted sealing-wax dropped on the skin caused no reflex movements. Rosenthal, who was accidentally present, found the skin pale and cold, the pupils contracted and insensible to light, the upper and lower extremities relaxed, the heart's impulse and the radial pulse imperceptible. Auscultation, however, showed a feeble, dull, and intermittent sound in the cardiac region. No respiratory murmurs were audible. All the muscles of the face and extremities responded well to the faradic current. Although the patient had been apparently dead for thirty-two hours, he thereupon informed the relations that it was only a trance, and recommended that attempts at resuscitation should be perseveringly followed. On the following day he received a telegram to say that the patient awoke spontaneously twelve hours afterwards, and gradually recovered her speech and movements. Four months afterwards the patient called upon him, and informed him that she knew nothing of the commencement of her attack of lethargy; that she had afterwards heard the people about her talk of her, but had been utterly unable to give the slightest sign of life. Two years afterwards, she was still alive and tolerably well. Rosenthal appropriately likens this condition to that of "nightmare," where, in spite of distressing sensations, the dreamer is unable to call for help or to make any movement, which might save him from some imaginary impending danger.

A Case of large Abscess in the brain is recorded in the Gazetta Medica Italiana (Nashville Med. Jour.). The patient was a girl of seven years, and had suffered for two years from pains in the left temple, with caries of the squamous portion of the left temporal bone, and an aperture as large as a five-cent piece, but she had always been of an amiable character and fair intelligence. The opening was treated with iodoform. Afterward severe headache, with increased pulse, followed, and a high temperature, with vertigo, insomnia, and psychical excitability, with clonic contraction of the muscles. But she retained her consciousness, and even amidst the most severe pains in the head she welcomed her relatives with joy. The diagnosis was acute meningitis, with diffusion of the

inflammatory process. The treatment was without success. Epileptiform attacks, mydriasis, paralysis of the right extremities, and partial paralysis of the left side, with coma, followed. To relieve the pressure on the left cerebral hemisphere, a trepan was applied on the squamous portion of the left temporal bone, and two hundred and fifty grms. of a dense pus withdrawn. A drainage tube was inserted, and a solution of phenic acid injected. In the afternoon, the girl was found sitting on her bed, without any symptoms of coma or paralysis. But the mydriasis continued, and the pulse became weak. On the next day an epileptiform attack set in, and vomiting followed. The flow of pus decreasing, a larger drainage tube was inserted, and the sac washed out. After two weeks aphasia followed, with slight paresis on the left side. After another week, hæmorrhage from the temporal aperture appeared, which was followed by general paralysis, coma and death. The autopsy showed, beside the large opening in the squamous portion of the temporal bone, adhesions of the meninges with the cranium, and a large aperture of the brain down to the inferior convolutions, and communicating with the left lateral ventricle. Complete softening of the cerebral cortex extended from the orbital portion to the frontal lobes, and from the superior parietal convolutions and the superior parietal sulcus to the left, and further from the margin of the ascendant parietal convolution to the right side. The brain itself formed a generally disorganized mass. The retained consciousness, and the continued use of language in a lesion of such extent, form a curious part of the case.

M. Paul Helot, Surgeon-in-chief of the Hospitals of Rome, has invented an electric light-carrier, which can be employed for the illumination of deeply-seated cavities, such as the mouth, throat, ears, vagina, rectum, etc. It consists of a vacuum incandescent light, held in a metallic cylinder between a reflector and convex lens. It is figured and described in La France Médicale, and is small and light, may be held by an ordinary headband and gives an intense light, whose field may be altered by slight displacement of the lens. When placed in the axis of the eyes, it follows the movements of the operator, who does not need to occupy himself about it. The electricity is supplied by the supra-saturated bichromate of potassa cell of G. Trouvé. It will last a large number of hours without needing a fresh charge, and can be employed at long intervals.

Dr. Duncasse (Gazette des Hopitaux—N. O. Medical and Surgical Journal) regards corn silk as par excellence the remedy in chronic cystitis, allaying the inflammation and facilitating the expulsion of gravel. So marked also is its anæsthetic properties in such cases that the writter thinks it must possess some alkaloidal narcotic substance. This anæsthetic action is not marked in acute cystitis. He quotes with approval the conclusions of Landrieux regarding stigmata maidis as follows: 1. Not only are the different preparations of stigmata maidis useful as a modifier of the secretions of the urinary passages, but these same preparations can be equally considered as an incontestible diuretic agent. 2. Diuresis is rapidly produced, and in three or four days the augmentation of the amount of urine becomes evident and considerable. 3. The diuretic effects are observed, not only in the organs of urinary secretion, but also in disturbances of the circulatory system (diseases of the heart and blood vessels). 4. The pulse is regulated, the arterial tension is increased, while the venous tension is diminished. 5. The medicament does not cause the least disturbance, either of the nervous system or the digestive functions. 6. Tolerance for this drug is complete and absolute, and medication in chronic diseases can be continued without inconvenience for a month or six weeks, according to my observations.

In the Course of a Paper on the Local Origin of Malignant Growths, read in the Section of Pathology at the last annual meeting of the British Medical Association, Mr.

Jonathan Hutchinson observed (British Medical Journal): It is needful to say a few words as to the inheritance of cancer in its bearings upon the doctrine of its local origin, since an adverse argument has been founded upon it. It has been urged with much plausibility, that a disease which is capable of inheritance must be a constitutional one. No doubt, to some extent, this is true; but the argument must not be pushed beyond its legitimate scope. The laws of inheritance, as with property, so with disease, concern convection, and not origin or production. The inheritance of a fortune is a very different thing from its acquisition, and gives us no clue as to how that may have been accomplished. The causes of cancer, as we meet with it in practice, may, perhaps, be usefully classed as three, senility of tissue, local irritation, and inheritance. Of these, only the first two can rank as true causes; the latter, although practically of great importance, is only a mode of perpetuation of that which the other two have originated. Senility gives proclivity, local irritation excites, and subsequently hereditary transmission may perpetuate. The facts as regard chimney-sweeps' cancer gives perhaps the best illustration of what I mean. Before this malady was practically suppressed by act of Parliment, I believe it was commonly noted that when the trade of sweep went, as it often did, in a family, proneness to suffer from soot-warts, and for soot-warts to degenerate into cancer, increased in successive generations. Grandsons and great-grandsons were attacked at earlier ages, and with much greater frequency, than those who were new to the trade. Here, then, we observe the liability to a form of cancer produced in the first instance by a local cause, perpetuated and intensified by hereditary transmission.

We witness the Genesis of Cancer, and see the shares taken by local irritation and inheritance and how entirely secondary the latter is as regards the former. If we ask what it is which is inherited in the case of the transmission of cancer, probably the nearest approach to an answer which can be given will be to say that it is a peculiarity in cell-structure generally; not germs, not a blood-malady, but a special type of cell organization, permitting, with greater ease than in other persons, the injurious influence of local causes. Even in the sweep, whose forefathers have suffered from soot cancer, the transmitted tendency still waits for the exciting cause; and the disease occurs, not in internal and, therefore, protected parts, but on the same part as it did in his great-grandfather, and under the direct influence of exactly the same cause. Not that I would for one moment doubt that in some instances the inherited proclivity may be so strong that it does not wait for the help of any exciting causes, but manifests its power in the production of a cancer which may be considered spontaneous. It is probable in this way that we ought to explain almost all cases of cancer occurring in very early life; and it may be the fact that, in a few of these, something more definite than mere tissue proclivity may be transmitted, possibly even germinal matter, especially in those cases in which the parent was the subject of the malady. Thus, then, although I fully admit that in the examination of our patients we must make large allowance for the influence of inheritance, I wholly deny that we can allow it to rank as a true cause of cancer.

In the Lyon Medicale Dr. Chauveau recalls the case previously reported of a man whose radial pulse indicates twenty-four cardiac impulses while the auricles contracted about sixty-five times per minute. The ventricular rhythm was perfectly distinct from that of the auricle, the two pulsations only occasionally coinciding. Some cerebral symptoms, such as vertigo, were present. He argues that this singular dissociation was due to a bulbar lesion involving the roots of the pneumogastrics; for experiment has shown that if the right pneumogastric be divided, and the peripheral portion slightly irritated, the ventricular systole is slowed, while the auricular contraction is unaffected.

Almond Milk, an exceedingly nutritious beverage, useful in most conditions of illness, may be made in the following manner (Juliet Corson, in Harper's Bazar): Pour a quart of boiling water upon a quarter of a pound of shelled almonds, and when the skins soften rub them off the kernels with a clean towel; pound the almonds thus blanched in a mortar, putting in three or four at a time, and adding four or five drops of milk, as the almonds are being pounded, to prevent oiling—about a tablespoonful of milk will be required for the quarter of a pound of almonds; when the almonds are finely pounded, mix them with a pint of milk, two tablespoonfuls of sugar, a level teaspoonful of salt, and the yellow rind of a lemon, and place the milk over the fire to boil; meantime beat three eggs smoothly, and strain the almond milk into them, stirring the mixture as the milk is strained in; return it to the saucepan, and place it in another pan of hot water, over the fire, stirring it constantly until it begins to thicken; then remove it at once from the fire, strain it, and use it.

Cutaneous Absorption, especially for lead salts.—Dr. L. Lewin has published in the Deutsche Medizinal Zeitung an account of some experiments on the therapeutic value of external medicinal applications. The author says: Applications to the skin were made at all times of which history gives us record, but only comparatively late did this lead to the methodic use of mercury in the cure of syphilis. The first experimental investigations in regard to the absorption of water and substances dissolved in water were made in the beginning of this century, but led to diametrically opposite results. However, it is established that volatile and corroding substances penetrate the skin and are absorbed. Another way of bringing watery solutions into the circulation is that suggested by Dr. Roehrig, by means of the atomizer. Another method is that suggested by H. Munk, by means of the galvanic current, which according to the author has a future, especially in dermatology, as by it substances can be conveniently brought to a certain depth in and through the skin. The permeability of the cutis is dependent on three factors: 1. The quality of the solvent. 2. The method of application. 3. The condition of the skin. In regard to this last factor, there is a great diversity of opinion as to what is normal skin. The author does not consider slight, superficial loss of epidermis as material. His method of demonstrating lead in animal tissues is very delicate and convenient. When albumen or animal substances are boiled with concentrated liquor-soda a yellow solution is formed. If but a trace of lead be present, sulphide of lead is formed as a black precipitate. The conclusions based upon his experiments are, that lead ointments as now in use are pressed through the skin. But this first happens after changes have been produced in the skin by rubbing. After two applications only, he could never discover lead in the tissues, nor by using Hebra's unguentum diachylon repeatedly. A repeated application of a lead solution in the form of spray did not penetrate the skin. The author thinks mechanical force and changes in the skin, such as loss of epidermis or inflammation, necessary for the penetration of lead salts, and says the absorption of substances, in baths for instance, is not as simple a matter as has been supposed; in his opinion water of baths, or substances dissolved in it, are not absorbed.

A correspondent writes to the Lancet concerning what he considers a rational treatment for gonorrhœa (Medical Record). He gives regularly five-grain doses of iodide of potassium, and full doses of cubebs in powder, every three hours. The cubebs in drachm doses he finds rarely fails to cut off the ailment rapidly, and the iodide, besides its solvent influence on the essential element of the powder, has a well recognized action on the various mucous surfaces.

Lumbago may be quickly relieved (Scientific American) by binding a piece of oil-skin cloth, such as is used to cover tables, over the loins outside of the flannel shirt. Profuse perspiration is produced, which rapidly relieves the pain

In the Course of an excellent paper on Peri-nephritic Abscess (Am. Jour. Med. Sci., April, 1883), Dr. J. B. Roberts gives the following tabular statement of symptoms to assist in the localization of the disease, and its diagnosis.

All anterior regions.—Pain, tenderness, swelling, œdema, and pointing in front and side of abdomen.

All posterior regions.—Pain, tenderness, swelling, œdema, and pointing in loin.

Upper tracts.—Pleuritic friction, pleural effusion, empyema, expectoration of pus; dyspnœa; suprarenal involvement; solar plexus involvement. (On right side.) Bilateral œdema of legs; jaundice; fatty stools; persistent vomiting; rapid emaciation; ascites.

Middle tracts.—Albuminuria and casts; suprapubic, scrotal or vulvar pain or anæsthesia; suppression of urine; uræmia; pus in the urine; œdema of scrotum or varicocele (especially in left side).

Lower tracts.—Flexion of hip; pain or anæsthesia of front, inside, or outside of thigh; retraction of testicle; pain at knee; scrotal or vulvar pain or anæsthesia, without accompanying albuminuria; unilateral œdema of legs; abscess of sinus near Poupart's ligament; constipation (if left side); involvement of chyle receptacle (if right side.)

The following Drugs have been recommended for the vomiting of pregnancy, which we here arrange alphabetically rather than in the order of their relative importance (Medical Bulletin): Arsenic, in the form of Fowler's solution, in drop doses, given before meals, is often of great advantage. Atropia has been highly recommended for the vomiting of pregnancy, in doses of 1-120 of a grain, injected subcutaneously in the epigastric region. It is said to arrest it promptly and permanently after other remedies have failed.

Bismuth, subnitrate, in ten-grain doses, combine with ¼ grain carbolic acid, mixed with a suitable adjuvant, to be taken three or four times a day. Calumba, in tincture, dose five to ten drops; in infusion, dose, teaspoonful. Cerium, oxalate, dose two to five grains. Usually the best effects are produced after several days' use.—*Sir James Simpson.*

Champagne, tablespoonful doses with ice, every fifteen minutes. Chloral hydrate, with bromide of potassium, ten grains of each at night when the symptom first develops.—*W. C. Burke.*

Copper, sulphate, 1-20 grain three times daily. Hydrocyanic acid, dilute, three drop doses once in four hours. Iodine, tincture, drop doses every hour or two. Nux Vomica, tincture, drop doses every hour or two. Pepsin, five to ten grain doses.

Dr. Girdner, of New York, has been experimenting (Med. Rec.) with chloroform narcosis during sleep, his effort in five cases having been to so administer it while the patient was asleep that they should pass from the natural slumber to the artificial one without rousing. The effort failed in each of the five cases in which it was tried. The method adopted might be considered as susceptible of improvement, but, at all events, he did not succeed. His conclusions, then, are that such a transition is impossible without an interval during which it would be possible for the patient or victim to realize the situation. Dr. Quimby, of New Jersey, reported to the American Medical Association, a few years ago, three cases where he succeeded easily in doing this very thing. We must still regard it as possible, then, in spite of Dr. Girdner's report, though it can only succeed ordinarily in an expert's hands.

The extreme Infrequency of green-blindness, which is admitted by the followers of the Young-Helmholtz theory, and denied by Herring and his school as being inconsistent with their theory, is sufficient reason for directing attention to a case of this character reported in the April number of the Am. Jour. Med. Sci., by Dr. James L. Minor. The case was that of a male, aged eighteen, whose vision was perfect, and the fundus was normal, but he was unable to select green from

certain other colors, while blue and red were quickly and accurately recognized. Dr. Minor thus explains this condition: The green perceptive elements in the retina were so far reduced that they could not be acted upon without setting up at the same time an undue action in the red and the blue perceptive elements, which are in greater abundance than in the normal state; and thus a mixed sensation is excited, that furnishes the color zone in which green and its derivatives are placed by the patient.

For a day or two antecedent to the actual commencement of the catamenial flux (Virginia Medical Monthly) women not infrequently suffer acute pain in the pelvic region, doubtless due to hyperæmia and hyperæsthesia of the reproductive belongings. To obviate this I have found no treatment give such satisfactory results as the following: ℞ Codeiæ Sulphatis, gr. j; Chloral Hydratis, Ammonii Bromidi, aa grs xx; Aquæ Camphoræ, ℥j. M. Sig.—For one dose. Take at bedtime. A repetition of the dose at that period is rarely necessary. In some cases a warm sitz-bath of fifteen minutes duration before retiring is a valuable adjuvant.

The following Information, "How to Cure the Cataract, or Pearls in the Eyes," is taken from an old work by William Sermon, Doctor in Physic, published in 1673. It is entitled "A Friend to the Sick, or the Honest Englishman's Preservation" (Mississippi Med. Monthly): "Take a copper bason, which is not tinned, and spread in the bottom thereof a sufficient quantity of salt, then a quantity of strawberries, then salt, so do till the bason be full; after which cover the bason very close, and put it under ground one foot or more deep, for the space of a month, then take it forth and distill it, of which precious water drop into the eyes morning and evening." Again: "Take good store of crickets, which commonly are in bake-houses, &c., bruise them well, and strain forth the juice, and drop one drop into the eye thrice a day; and though the patient be as it were blind, he shall be restored." And again: "Ear wax put into the eyes is also of excellent use, so is the oyl that may be taken forth of the great bone of a gooses wing." Yet again: "The gall of a cock, mixed with the like quantity of honey, and the eyes anointed therewith, clears the sight. The gall of the hare, and the galls of eles are also very good." * * * Some have found good by wearing the roots of water pepper, seven or eight in number, hanged about the neck, which roots must be gathered upon St. *Bartholomews* day before the sunrise." * * * For noises in the ears: "Syringe the ears with stale urine, or with the urine of a young whelp that can hardly go."

Two Cases of Missed Labor are reported in the British Medical Journal, by Mr. J. A. Erskine Stuart. In the first case the duration of pregnancy was reckoned at three-hundred and twenty-three days, or nearly eleven months. The labor was easy and the child apparently healthy, but it died soon after birth. It rapidly assumed a black hue after death and there was considerable desquamation of the cuticle. The placenta was putrid. Opium eating was thought to be the cause of the delayed labor. In the second case the time of the expected labor had been passed for several weeks, but in consequence of vomiting and pain in the head and body, which were reducing the patient, labor was induced. The child breathed and cried loudly, but died in about fifteen minutes afterwards. It had an old look, the skin of the face was pale and pasty-looking, the anterior fontanelle was nearly closed, the skin desquamated, and parts of the body became black immediately after death.

In an Eclectic Exchange the following occurs in the course of an article by Dr. Howe: "Or that a homœopath would probably cure as quickly by employing dynamized graphites or any other insect substance." This is the first opportunity that we have had of learning that the commodity ordinarily known as graphites or black-lead was of insect origin.

CONTRIBUTIONS.

CASE OF SUBPERICRANIAL CEPHALÆMATOMA.

BY JOHN D. S. DAVIS, M. D., OF BIRMINGHAM, ALA.

On January 29th last I attended Mrs. D—, a primipara in labor, the pains having begun three or four hours previously. Examination showed that labor was far advanced and would soon be at an end. The os was thoroughly dilated and the child's head in the first position. She was soon delivered of a small female child, weighing six pounds. Both mother and child did well until February 2d, when a fluctuating tumor made its appearance on the head of the infant, covering the right parietal bone and squamous portion of temporal bone. There was no abnormal appearance of the skin, other than the distension over part just mentioned. A clean poultice was applied with no avail in diminishing the size of the tumor. Compression was tried and failed. On the third day I aspirated the tumor and drew off two and one-half ounces of venous blood, then reapplied the compress. On the fourth day I found the little patient in great pain and continually screaming aloud. I removed the compress and applied a flaxseed meal poultice. It was soon relieved of pain and was perfectly quiet. Yet the tumor began to assume its former appearance. The next day I aspirated again, and drew off two ounces of the same kind of blood as before. This operation was resorted to twice more, February 12 and 20, getting two ounces of blood on the 12th and one ounce on the 20th. The poultice was kept up, not that I expected any physiological action from it, but because it formed a soft cushion for the head to rest in, which I could not get by the use of the rubber bag. The bad effect produced by the bandage I think was due to the undeveloped cranial bones allowing too much pressure on the brain. The child has been seen daily until this writing, and has entirely recovered, and now weighs seventeen pounds.

*NOTE ON A CASE OF CHRONIC ULCER OF FARCY IN MAN.**

BX DR. LAGRANGE.

[Of the Hopital du Gros-Caillon.]

It is rare that we have an opportunity of studying the lesions of glanders or farcy in man. On this account, it has seemed to us interesting to report the microscopic examination made on farcy ulcerations of a patient whose right arm was amputated in November, 1881, by M. Guyot.

The amputated limb presented a profound ulceration at the hypothenar prominence, and several superficial ones upon the forearm.

The microscopic examination was made upon the ulceration of the hypothenar region and upon one of the superficial ulcerations. The lesions found in the former are as follows:

A. There is first of all a thick layer of about two mm., made up of embryonal cells, piled up against each other and separated by a very minute quantity of amorphous substance. The embryonal nuclei appear more voluminous and more life-like than they are in ordinary ulcers or tuberculous foci. This may explain the great slowness with which these ulcers enlarged. In the superficial embryonal layer a large number of capillaries, gorged with red corpuscles, terminate in blind sacs, more or less dilated.

At the extremity of some of these vessels there has been produced a small hemorrhage, demonstrated by a round and relatively voluminous mass of blood corpuscles.

B. Below this first layer there is a zone of striated muscular tissue. The fibers are, for the most part, cut across and show their fields of Cohnheim. Some, that are longitudinal, show pretty clearly traces of striation.

The intermuscular septa are very thick and formed of a very dense fibrous tissue. There is almost as much connective as there is muscular tissue in this portion of the preparation. The connective tissue septa by anastomosing limit the spaces in which the altered muscular fibres are found.

In proportion as we approach the deeper parts we find the fibrous tissue condense more and more and form a continuous layer representing the indurated base of the ulcer. At the superficial ulceration of the forearm the lesions are identical. We see there a layer of embryonal cells resting upon a thick fibro-cellular gangue.

This latter is, at the internal edge of the hand, infiltrated with embryonal elements; this tissue rests upon what remains of the substance of the fifth metacarpal. This fifth metacarpal is reduced to a thin shell, perforated in several directions, leaving the bone marrow to communicate with the ulcerative tissue. This marrow contains a large number of white corpuscles, of medullary cells and small embryonal nuclei; no mycloplaxes were observed.

Such is a general description of the lesions observed: two special points merit further attention: the muscular lesions and the lesions of the vessels, and the development of tuberculous follicles in consequence.

A. *Muscular Lesions.*—These consist principally in the multiplication of the nuclei of the sarcolemma. These nuclei number from two to six upon

*Progrès Médical, April 7, 1883.

every section of the striated fibers. For the most part they contain a beautiful micleolus. Some few are situated in the middle of the striated fiber. The majority, however, are placed immediately beneath the sarcolemma. The muscular fibers, instead of being pressed one against the other, as in normal muscle, are separated by appreciable spaces. These spaces are filled with connective tissue, in which are found nuclei analogous to those inside of the sarcolemma.

At some points of the preparation the fibers are shown along their long axis; we are thus enabled to judge of their striation, which, at certain points, is pretty definite, whilst it has entirely disappeared at others. The line of demarcation between the diseased muscular tissue and its surrounding connective tissue recalls that which separates the hepatic cells from connective tissue in cirrhosis.

The fibers of the connective tissue are disposed in such a manner as to circumscribe the spaces, which are well-rounded, and in which we find a large number of fat-cells, together with what remains of the normal muscle. In one of our preparations, the cut longitudinally, have undergone a well-marked vitreous degeneration, a small number only remaining, having been almost all replaced by a number of nuclei remarkable for their round form and their variations in volume. Some of these have the dimensions of a large leucocyte; they are full of small, sharp points. Next to these are fibro-plastic elements, more or less young and fusiform. The medullary substance of the fifth metacarpal communicates freely with the diseased tissue of the ulceration and presents analogous elements.

B. *Lesions of the Vessels.*—The vascular coats are hypertrophied, and form a series of concentric planes. We have counted no less than twelve fibrous layers, very distinct from the surrounding connective tissue, in the wall of a vessel. In the *field of the preparation* can be seen a number of small orifices kept open by rigid walls. The thickening involves all the coats. The internal coat is puckered, and folded upon itself as if too large for the opening in which it is contained.

The adventitious coat is well marked, and the most external layer of the fibrous tissue is clearly separated by its red color (picro-carmin) from the pink tissue which surrounds it. This fibrous zone is compact for many vessels, but not for all. Some carry groups of embryonal cells at their external margin. These cells occupy the layers of the fibrous coat. Accordingly as these cells proliferate, the fibrous lamellæ lose their thickness and disappear; in developing they bring with them disorganization in the peri-vascular fibrous new formation. But it is not only the hypertrophied coats which allow themselves to be thus invaded by the embryonal cells; certain vessels contain, in their interior, small round cells which obstruct them one-half. A few of these, surrounded by a rather thick layer of embryonal nuclei, are almost entirely obliterated by these same nuclei.

Finally, some vessels are still more advanced in this process of transformation. There remains of their walls but a tolerably regular periphery, containing a vitreous mass sown with a few nuclei which the carmina colors intensely. About this periphery there is an agglomeration of small embryonal cells, heaped up one against the other and forming a round nodule. The vessel does not always occupy the center of the nodule; it may even be situated at its periphery.

We will not describe any farther; it is evident that we have here a tubercle with a central giant pseudo-cell, which is nothing more than the section of a diseased vessel. These giant cells have a rounded form when the vessel is cut across; they are oval when the section is oblique; when the vessel is cut in its length, it presents the appearance of a long tube filled with embryonal cells.

From this detailed description, two things are very evident. These are: 1st—The undoubted presence of a number of tubercles in the ulcerating tissue. 2d—The development of these tubercles at the expense of the vessels of the diseased tissue.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, May 5, 1883.

The President, Dr. Barret, in the chair.

DR. HENDRIX read the report of a case in which a child, four years old, was affected, the symptoms being cyanosis and extreme dyspnœa; the lungs were resonant throughout, and there was no diphtheria. The temperature was 101.5°, and the pulse so rapid that it could not be counted. Tracheotomy was performed, a No. 3 tube being introduced. After recovery seemed to have taken place the inner tube was removed and efforts made to remove the outer one, but at each attempt the symptoms seen at the first visit recurred. The moment the tube was replaced the symptoms left. Dr. H. had a tube made, in which the outer tube is very short and the inner one arranged so as to slide out and be retained at any depth. By this means he was enabled to remove both gradually. The advantages of his tube consist in the moral effect and dispensing with the attendance of a skilled person.

DR. PORTER thought the idea and device good. There are two theories as to the troubles caused by

withdrawing the tube. One, not mentioned by Dr. Hendrix, is paralysis of the abductor muscles of the cords, whereby they do not separate. It often follows intrinsic inflammations. It was probably the cause in the case mentioned, as there was inability to speak for some time; there being, probably, also paralysis of the tensors. In many cases in the East the operation is performed without the tube; there is probably not much to be gained by this. The outer tube should always have an opening in its upper surface. Dr. P. used the Durham tube, with an opening in the outer tube. The objection to this is that the fenestrum produces profuse granulations and has to be watched.

Dr. Prewitt saw a man in January who was suffocating from some laryngeal or tracheal trouble. He operated and found the man breathing badly. The tube was removed and a cast, extending to the bifurcation, was thrown out. When he went to remove the tube some time after there was spongy granulation above preventing it. He removed a part of it, but still could not remove the tube. Has passed probes and sounds through it so as to effect a communication with the larynx, and it is extremely doubtful if the man can ever get along without the tube. If the tract above could be kept open whilst the trachea is healing up he might do so.

Dr. Porter spoke of the value of the sphygmograph as an aid in the diagnosis of incipient thoracic aneurism. Pressure in the recurrent laryngeal nerve is a symptom. He mentioned three cases, in the first of which there was aneurism of the interior portion of the ascending arch of the aorta. Each radial artery gave the tracing of aneurism, the right one not being so well marked. In the other two cases there was aneurism of the descending or transverse arch involved just before the carotid is given off. On the right side the tracing was normal and abnormal on the left. Mahomed, of London, has devoted much to this manner of making a diagnosis, and has refined upon it to a great extent. In one case mentioned the diagnosis was verified by a post-mortem examination, and in the others became very plain, as the condition became advanced. Pond's sphygmograph was the one employed.

Dr. Mulhall remarked that, with regard to the laryngeal complications of thoracic aneurism, he had never yet seen paralysis on the right side, as this was rather unusual. He found paralysis on the left side, and only observed this in one-tenth of the cases of thoracic aneurism. The abductor fibres are the ones first paralyzed, there being no reason unless it be that they are generally so throughout the body, the abductor muscles being affected later.

Dr. Porter called attention to the fact that paralysis of the recurrent laryngeal nerve had received a great deal of attention of late. One set of its filaments are more quickly paralyzed, but continuous and increasing pressure will paralyze the whole nerve, and the cords will assume the cadaveric position.

Dr. Prewitt could not understand how an aneurism sufficient to produce a characteristic sphygmographic tracing should not also be accompanied by bruit, impulse and dullness on percussion.

Dr. Williams reported a case in which he operated upon a boy, aged 12, for strabismus, and prescribed atropine in the eye to relax. Two or three applications of one drop of a four grain solution made him perfectly crazy. Dr. W. has seen similar cases from the effects of atropine after the operation for cataract; but none like this one. There was no perceptible rash observed.

Dr. Stevens had never read of similar cases, and was inclined to regard the ones mentioned as coincidences. He could not conceive how insanity could be there and no other symptoms present.

Dr. Watkins had a similar case lately. He ordered suppositories containing two grains of extract of belladonna each. One made the patient perfectly wild, and although there was a little dryness of the throat, there was no rash.

Dr. Meisenbach had observed cases of belladonna poisoning, but had always seen a rash accompanying it.

Dr. Hughes said that in certain persons there exists a peculiar diathetic state, which predisposes to narcotic poisoning. A latent neuropathic diathesis is often revealed in this way. All know how morphia will act upon the cerebrum of some individuals; so with belladonna and chloral hydrate, and this is the objection to the minimum dose of hypnotics and narcotics. Potassium bromide produces this excitement least of all.

Dr. Williams wished to say that this was not a case of intoxication, as in all those cases the mental faculties are retained, whereas in the one he mentioned they were not.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Conversational Meeting, April 26, 1883.

James Tyson, M.D., President, in the chair.

Dr. Chas. K. Mills delivered the lecture of the evening on the Methodical Examination of the Brain. The lecture was amply illustrated by diagrams and specimens prepared by Dr. Mills, and also by a series of preparations from the Mütter Museum of the College of Physicians of Philadelphia. Dr. Mills passed by with brief allusions the examination of the scalp, skull, and membranes of the

brain, the cerebral space and vessels, and the best methods of determining volume, specific gravity and cranial capacity. His chief object in the lecture was to discuss and demonstrate the proper procedures to be pursued in methodically examining the surface and interior of the brain, after the removal of its envelopes, for the purpose of discovering and accurately localizing lesions.

In order to make an autopsy of the brain proper in a rapid, methodical and scientific manner, he considered several requirements necessary.

1. The superficial topography of the brain should be understood. The examiner should be able to pick out without hesitation the chief fissures and convolutions. He should also, of course, be perfectly familiar with the numerous superficial subdivisions of the base of the cerebellum.

2. The variations in the size, direction, or arrangement of cerebral fissures and convolutions, most likely to occur, should be known to him. Age, race, individual type, education, and other causes, act to produce variations and anomalies. The student thoroughly familiar with the diagrams and demonstrations of Ecker might find himself at sea in his first examinations if this fact is not remembered.

3. A knowledge of the internal structure of the brain should be possessed by the operator. He should understand not only its ventricles and horns, its commissures and peduncles, its foramina and acqueducts, but also its medullated structure, as exhibited by sections of the cerebral and cerebellar hemispheres made in various directions. Methodical cerebrotomy, practiced in the vertico-transverse, vertico-longitudinal, horizontal, and even in other directions, will give certain more or less fixed appearances, which should be familiar.

The surface of the brain should be thoroughly examined for morphological peculiarities, such as deficiency or excess of fissures and gyri, confluence of fissures, simplicity or complexity of folds and furrows; and also, of course, for pathological changes, for atrophy, softening, hemorrhages, changes of color, etc. Dr. Mills described the fissures and convolutions as given by Ecker, and also called attention to some of the most common and striking variations from the usual type of the adult human brain, dwelling particularly on the fissures most likely to be confused—the pracentral, central, and retro-central, etc. The views and observations of Moriz Benedikt on the brains of criminals were referred to and criticized.

The examination of the fissures, convolutions, cranial nerves, and various regions of the surface of the cerebrum and cerebellum having been completed, the interior of the brain should next claim attention. The examination should be made in such a way as to cause as little disturbance as possible of the relations of parts by the incisions, and to allow, if desired, that the brain be brought together again after the autopsy and preserved as a whole. This could be done so as to submit every cavity, canal, part, and structure to comparatively minute exploration. Some cerebrotomists, as Bitot, without stopping to investigate particularly into the various cavities and subdivisions, at once proceed to divide the brain into blocks by large incisions made at carefully selected points.

The advantages of each of the three forms of sections — vertical, transverse, vertical antero-posterior, and horizontal — were pointed out. The vertical transverse sections are the most generally useful. What are known as the middle transverse, mesolobar, or cortico-central zones are most important to understand. These comprise all the cerebral mass situated between the anterior and posterior extremities of the corpus callosum. Bitot describes and figures seven of these zones. Sections and diagrams were published by Dr. Mills, and the places and methods of making these sections were explained.

The particular convolutions and the regions of the ganglia, centrum-ovale, capsules, etc., traversed by these sections, were shown. The ganglio-insular region was particularly described. This region includes a large portion of the Island of Reil, of the optic and striate ganglia; of the external and internal capsules, and of the external wall. The importance of having at command a fixed nomenclature for the various planes and regions was dwelt upon. Following the method of Bitot the surfaces exposed by the sections were divided into a superior, inferior and middle division, and these were studied. A diagram representing the relations of the middle portion of the brain to cranium was shown and explained.

Dr. Mills said that he preferred to open the brain, so as to expose its ventricles, horns and parts, and examine each as nearly as possible in its integrity. By his methods such structures as the corpus callosum, septum lucidum, tænia semicircularis, velum interpositum, choroid plexus, fornix, foramen of Monro, pineal gland and its peduncles, etc., could be each in turn investigated for lesions.

After the cavities and horns have been exposed by proper incisions, methodical cerebrotomy, as advised by Charcot and Pitre, or Bitot, could be practiced, the cuts being made from within outwards, but not quite through the brain, so that the whole mass could be drawn together again after the cut surfaces had been examined.

Dr. Mills described three of the best methods of opening the brain: 1. At the base, by taking as guides certain fissures and other anato-

mical landmarks. 2. From the upper surface, by incisions through each side of the corpus callosum, or along the lower borders of the calloso-marginal fissures. 3. By dividing the brain into two symmetrical halves by a careful median section. This should only be done after the parts in the median line had been previously explored.

Dr. Shakspeare said that he would like the lecturer to state why he prefers to open the brain from the base rather than from above. Dr. Shakspeare thought that by opening from above, the floor of the lateral vetricles would be better exposed, which contain the large ganglia of the brain, and a better topographical view could be obtained.

The most usual cause for which the brain is examined is apoplexy. In these examinations it is necessary that very thin sections shall be made, so that all parts can be carefully examined. Dr. Mills has already pointed out the desirability of making these sections in such a manner that none shall be detached, so that when the examination is over all can be readily replaced, still leaving the brain practically in one piece. I believe that these two objects can better be obtained by making the examination from above, as taught by Prof. Orth (Compendium der Pathologisch-Anatomischen Diagnostik), than by making it from below. The only part capable of holding the sections together is the cortex with its adherent vessels. Prof. Orth advises making a longitudinal section towards the cortex on a level with the corpus callosum. This section is made deep enough to cut the cortical convolutions half through. This leaves enough tissue to keep the part attached. The anterior horn, the ventricles and posterior horn are laid open by a second incision. Transverse cuts as thin as desired are then made in the side pieces. These cuts go half way through the cortex. The large ganglia are then sliced traversely, beginning at the front and going backwards. These are also made to go half way through the cortical substance of the base, and so on. The examination being finished, the parts can all be folded together like the leaves of a book, not a single piece having been detached. The only way I can see of making thin sections of every part of the brain by the other method is to divide it into two lateral halves and then making your sections towards the cortex; for if the sections be made directly across the brain, the parts in front of the corpus callosum and behind the peduncles will be entirely detached.

Another objection is that seven sections are too few, and if it is desired to have more, it will be a difficult task to hold the already cut sections in one hand and split them with the knife held in the other.

Dr. Bartholow preferred to open the brain from above for similar reasons to those assigned by Dr. Shakespeare.

Dr. Eskridge expressed a preference for the older method.

Dr. Mills then closed the debate by reiterating and amplifying the arguments contained in his paper.

C. B. Nancrede,
Recorder.

SELECTIONS.

RHEUMATIC ENDOCARDITIS.

BY T. J. MACLAGAN, M.D.

[British Medical Journal.]

To one or two points in connection with the above subject, touched on in Dr. Sansom's Lettsomian Lectures, published in recent numbers of the Journal, I would like to direct attention.

In speaking of rheumatic endocarditis, Dr. Sansom quotes and endorses the two practical reasons which I give for the failure of the salicyl compounds to counteract the cardiac, as they do the arthritic, inflammation: first, that the cardiac mischief has generally commenced before the patient comes under observation; and, second, that rest, which is essential to the recovery of an inflamed organ, and which is easily got in a joint, is unattainable in the heart. The first reason makes prevention impossible; the second is a bar to successful treatment. But, though this is true, it does not express the whole truth.

That a joint generally recovers from rheumatic inflammation, and that the heart does not, is a statement which expresses the broad results of clinical experience, but expresses them in a manner which, from a pathological point of view, is bald and misleading. The truth is (and striking as the statement may appear, it is absolutely correct) that everything which recovers in a joint recovers, also, in the heart. The one structure in the heart which does not recover, the endocardium, is also the one which has no analogue in any of the structures of a joint. In studying the pathology and treatment of rheumatic endocarditis, it is essential that this point should be kept before us; if we fail to do so, we are sure to fall into error.

The parts which suffer in a joint in acute rheumatism are the fibrous ligaments and tendons, and the synovial membrane. The parts which suffer in the heart are the fibrous rings and valves, the endo- and peri-cardial membranes, and occasionally the muscular substance.

The fibrous rings and valves are similar in nature and function to the fibrous structures of a joint. Each is apt to be the seat of rheumatic inflammation, and, in both, this inflammation is generally recovered from.

The pericardium finds its analogue in the synovial membrane. Each is very vascular; each secretes a lubricating fluid; and each has for its function the facilitating the movements of a solid body. Each, too, is apt to be the seat of rheumatic inflammation; in each the inflammatory process tends to spread; and in both the tendency is to recover.

The endocardium has no analogue in a joint. There is nothing in a joint which bears the least resemblance to it, anatomical or physiological. It is a non-vascular membrane, in which inflammation cannot, and, as a matter of fact, does not spread. In nature and function, it is identical with the lining membrane of the blood-vessels, with which it is structurally continuous.

When it is affected in acute rheumatism, there is no general inflammation of the surface, such as is found in the pericardium and synovial membrane; the mischief is limited to a small portion of one surface of the affected valve. I have elsewhere* shown that the occurrence of the lymphy deposit which constitutes the endocardial lesion in acute rheumatism, and its limitation to one particular portion and to one surface of the valve, are to be explained, not by the direct action of the rheumatic poison on the endocardial lining, but by the mechanical rubbing against each other of valvular segments, whose deeper fibrous structures are the seat of rheumatic inflammation and thickening. This thickening of their fibrous structure it is which makes the valves rub; and the rubbing it is which irritates and roughens the membrane that covers them externally. The inflammation and thickening of the fibrous structures of the valve may be recovered from. What is not recovered from is the roughening of, and lymphy deposit on, its non-vascular endocardial covering. This is not recovered from, because the continued action of the valve keeps up the rubbing and mechanical irritation, and because the want of blood vessels in the endocardium prevents absorption. This is a condition over which no drug could possibly exercise any control. It is directly of mechanical, and only indirectly of rheumatic, origin.

But it is by no means certain that we may not in some cases, by the early and free administration of the salicyl compounds, prevent the inflammation, and consequent thickening, of the fibrous texture of the valve, which is the origin of all the mischief. If we see a case early enough, and give these compounds freely enough, we may prevent the heart from suffering, as we undoubtedly do prevent joints from suffering. In no given case, indeed, can we be sure of having got this result; for the absence of heart-mischief can never be demonstrated to be due to the treatment. The possibility of such a result, however, is worth striving for; especially as the means of attaining it are also those called for for in the interests of the joints. What is wanted, is the speedy arrest of the rheumatic process. This object can be attained only by giving one of the salicyl compounds in large and frequently repeated doses.

This leads me to remark that my recommendations in this respect have not been acted up to. What I recommend is, that from 20 to 40 grains should be given every hour for six hours, or until pain is relieved (which it generally is within that time), and that the same dose should then be given every two hours till the pain is gone and the temperature at or near the normal (which is generally the case within 24 hours). After that, the same dose is given at widening intervals of three, four, and six hours, for ten or twelve days.

But instead of giving it thus freely and largely, most observers are content to give only from 15 to 20 grains every three or four hours. That is quite an inadequate dose, and not nearly enough to give the full curative effects of the drug. I would again urge the use of the dose which I recommend. I do not exceed my right in asking that my treatment should be carried out in all its details before its results are subjected to criticism.

Salicin is the preparation to which I give preference, not because I regard it as superior to salicylate of soda as an antirheumatic, but because it may be given in large and frequent doses without causing such disturbance of the system as not unfrequently follows the use of the salicylate, and necessitates its suspension. My experience, too, is that those treated by salicin (which is a bitter tonic) convalesce more rapidly than those treated by the salicylate.

There is an impression abroad that it is very expensive. It is not so. Two of the chief English manufacturers of it have told me that they are prepared to supply it to hospitals and dispensaries at 10s. 6d. a pound. Convalescence is so much more rapid under its use, that I am not sure that it would not, in the long run, prove cheaper than salicylate of soda

But, whichever is employed, let it be given in large and frequent doses. I make this appeal in the interest of the heart as well as of the joints. Let every case of acute rheumatism be regarded and treated as one in which heart-complications may possibly be prevented, and it is probable that in some cases they will be prevented. But every hour is of importance, for it needs no argument to show that the danger to the heart is less in a case in which the course of the disease is arrested within 24 hours,

*On Rheumatism; its Nature, its Pathology, and its Successful Treatment. By T. J. Maclagan, M.D. Pickering & Co. 1881.

than it is in the one in which three or four days are expended in the process.

The fact has never been accepted by the profession that the course of acute rheumatism may in many cases be arrested within 24 hours of the time that treatment commences. The recognition of that fact is the keystone to all possible success in the prevention of cardiac complications.

OBSERVATIONS UPON THE BACILLUS OF TUBERCLE.

BY SAMUEL WEST, M.D., M.R.C.P.

[London Lancet.]

A considerable number of observations upon the presence of the bacillus tuberculosis in the sputum of phthisical patients have been already published, with a very remarkable and perhaps surprising concordance. To this record I wish to add the results of my own observations. I have examined, myself, at least fifty cases of phthisis, and with those which have been examined for me the number is much larger. They were all cases in which from physical and other signs the diagnosis of phthisis was certain. The sputum was treated by Ehrlich's method, and stained with fuchsin.

1. The bacilli were found present in every case without exception, although in a few cases they were in such small numbers as to be found only after repeated and careful examination. 2. They varied much in number in different cases, and even in the same case at different times. In some instances the decrease in number was coincident with improvement in the general condition of the patient, but this was not always so. The number appears to vary with the rate of breaking down of the lung, and is so far a rough measure of the gravity of the case, but there is no relation between the number of the bacilli and the extent of the physical signs. 3. When numerous the bacilli were separate or grouped together. In some of the most acute cases which I have examined they were separate, though existing in very large numbers. In other cases they were grouped together in twos or threes, or in large numbers, and they occurred occasionally in very large masses. As a rule, when the bacilli are in large numbers, they are also grouped together. 4. In some instances the bacilli contained bright bodies, which have been called spores, and these were most numerous in cases of very rapid progress, but they did not occur in all the acute cases. Similar small bright bodies were often found free when the bacilli contained the spores, as if they were possibly free spores. 5. There seemed to be but little variation in the size of the bacilli either in the same case or in different cases, and I am unable to confirm the statements made byBalmer and Fraerntzel that different stages of development may be traced in the bacilli in sputum, and that their stage of development is of importance in prognosis.

Besides the sputum, I have examined in some few cases also the contents of the cavities in the lungs, and have made microscopical sections of the lung itself. The bacilli are found, it appears to me, in largest number and in greatest masses, not in the lung tissue, but in the caseous material lining the walls of the cavities. This observation has been made also by Balmer and Fraentzel, and its accuracy in some cases I can confirm. It is a very remarkable and important fact, if it be established that the bacilli develop most freely, not in the lung tissue itself, but in the walls of the cavities; and it provides an explanation of the variation in number and grouping of the bacilli in different cases, and in the same cases at different times.

Although the importance of Koch's discovery cannot be overestimated, still, from a clinical point of view, too much must not be demanded from it at present. The bacillus is found in all cases of undoubted phthisis, and is therefore a new fact confirmatory of the diagnosis; but as it is probable that it can occur in the sputum only when excavation has taken place,we may expect to find the bacilli absent in very early cases, even when, it may be, the physical signs are sufficient, together with the constitutional symptoms, to justify the diagnosis of phthisis.

If, however, it prove from histological observation, that there are cases of phthisis in which the bacillus is not found in the tissues or in the cavities, its presence will then become of very considerable diagnostic value. The possibility, however, of such a discovery is not great, seeing that in the heterogeneous cases of phthisis hitherto examined the bacilli have been present in the sputum of all alike. Moreover, in some of the rarer cases of phthisis, cough and expectoration are absent for some time. Two cases of this kind I have at present under observation. Both, I believe, from the physical signs to be cases of phthisis; but in neither is there any expectoration. In such cases excavation only takes place later in the disease, and therefore no help to diagnosis will be obtained in the early condition from the presence of bacilli. Bacilli are, I think, evidence only of excavation, and increase in most cases, therefore *pari passu* with the physical signs. If, however, after a time of progression the disease ceases to advance, it is possible that the number and grouping of the bacilli may give evidence of it, but the evidence will, I think, be more clearly marked in all probability by improvement in the general condition of the patient. We have, however, at present not a sufficient number of observations upon these points.

Regarding then, as I do at present, the number

and arrangement of the bacilli in the sputum as evidence of active excavation of the lung, it is clear that their value in prognosis will be the same as that of excavation. They will give, it is probable, moreover, an easier means of estimating the rate of this excavation than we at present possess in physical signs, and will prove therefore of some aid in prognosis. They will be large in number, and grouped together in cases of rapidly progressing excavation; small in number and not grouped in cases of slowly progressing excavation; and they will, by varying with the rate of excavation, provide a measure of the present progress of the disease. The relation between the temperature of the patient and the bacilli in the sputum has not yet been fully worked out. So far as my own observations go they show a close relation—i. e., those cases as a rule which have well-marked hectic fever exhibit the largest number of bacilli in the sputum, as indeed would be expected if they are a measure of the amount and rate of excavation.

In the recent debate at the Medical Society, Dr. Gibbes could not have understood the purport of my remarks, or he would not have credited me with the astounding statement that I thought there was nothing more to be made out in this subject. What I did say was this: that Koch's experiments were so masterly and complete, that little more had been done hitherto by subsequent observers than to confirm the results he had arrived at; and up to the present this is unquestionably correct. The field of research which Koch's experiments have opened out is very large. Few can even guess what a crop of knoweledge its cultivation will yield. No one surely would be so rash as to prophesy that it would prove barren soil. It is in giving us the first real hold of the disease in its essential nature that the value of Koch's discoveries lies. If it be true that phthisis and tubercle in all its manifestations be due to a special bacillus, the imagination hurries on to the time when the bacilli may be killed or rendered harmless by appropriate remedies, or the body be protected against the ravage of the germs of tubercle, as it is already against those of small-pox, or, in the case of animals, of anthrax.

With reference, however, to the question of the contagiousness of phthisis, this discovery introduces dangers of its own. The conclusion is so tempting that the risk arises of its being adopted without proof. Yet it seems certain, from clinical observation, that in this country, at any rate, phthisis is not contagious in the ordinary acceptation of the term. The analogy of typhoid fever and pneumonia suggested itself at once; for in both these diseases, just as in consumption, isolated cases of direct infection or contagion occur from time to time, and yet they would never be classed under the head of contagious diseases in the ordinary sense. And I quite agree with Dr. Broadbent in his observations at the Medical Society's debate, that the selection of the question of the contagiousness of phthisis by the Collective Investigation Committee was hardly judicious at the present time, unless those in charge of the investigation are prepared themselves very carefully to sift the evidence brought forward in each case before giving it the sanction of their authority.

REMARKS ON THE MORBID ANATOMY AND PATHOLOGY OF DIABETES.

BY R. SHINGLETON SMITH, M. D., B.SC.

[British Medical Journal.]

Since the discovery of Claude Bernard, that an artificial diabetes might be produced in the lower animals by stimulation of the diabetic centre in the medulla oblongata, pathologists have been looking out for the results of such stimulation in consequence of disease directly affecting, or secondarily involving, the diabetic centre.

Various pathological conditions have been found in individual cases to be associated with glycosuria, and conditions not involving simply the medulla oblongata, but inducing the same result through the agency of various peripheral portions of the vaso-motor system. The presence of sugar in the urine was attributed by Schiff to consecutive paralysis of the vaso-motor centre; but recent researches seem to show that irritation of almost any portion of the vaso-motor system may cause glycosuria. Not only may injuries of the vaso-motor conducting paths, in their passage downwards from the medulla through the spinal cord, be followed by diabetes, but the same result will follow sections of the cord in various regions down to the level of the first lumbar vetebra, by destruction of the upper and lower cervical, and of the upper thoracic sympathetic ganglia, or even after section of the large peripheral nerve-trunks, such as the sciatic (Schiff). In 1868 Braun first drew attention to the frequent presence of sugar in the urine in cases of sciatica; and this observation has since been confirmed by numerous other observers.

Disorders of the nerve-centres, giving rise to diabetes, may be of very various kinds: they may be either cerebral or medullary; and Eckhard has shown that destruction of the vermis cerebelli in rabbits will give rise to the presence of sugar in the urine, which is not attended by any alteration of the blood-pressure, and, consequently, is not likely to be caused by disturbances in the circulation. Changes of various kinds have been recorded by numerous authors; tumors, extravasations of blood, softening, and various microscopic indications of degeneration, are the changes most com-

monly found. The minute changes recorded by Dickinson have not been confirmed by all observers; the feature observed by Dickinson, and believed by him to be constant and characteristic, was "a dilatation of the arteries and of the perivascular spaces in the medulla and the pons, which appeared to lead to the escape of the contents of the vessels, and subsequent softening and destruction of the nerve-substance around." I have carefully examined the medulla oblongata in several well-marked cases of diabetes, and have not been able to see there the changes described by Dr. Dickinson. The spinal cord appears to be much less frequently the seat of the primary lesion than the brain. Dickinson observed a dilatation of the central canal in the dorsal and lumbar portions, with proliferation of the lining epithelium.

As regards the condition of the sympathetic ganglia in diabetes, I have made numerous observations, but without finding any uniform and definite change. Poniklo states that, in five cases of diabetes observed by him, there was an absence of the medullated bundles of fibers from the sympathetic system in the abdomen. This is an observation which I have not been able to confirm, inasmuch as there has been no difficulty in demonstrating the usual axis-cylinder fibers in sections of the semilunar ganglia, of the splanchnic nerves, and of the cervical ganglia, from various fatal cases of diabetes which have come to my notice. On comparing the sections from diabetic patients with other sections from the ganglia of patients who had died by accident and from various diseases, the specimens, having been preserved and mounted in a similar manner, show only very slight differences, depending on the thickness of section and variations in staining, etc. There is, however, one feature on which I would desire to make a further word of comment; it is, that there appears to be an excess of granular pigmented cells in the diabetic sections. Such granular cells are always present; but my sections show a larger number of pigmented cells, and more numerous granules in the cells, than in sections from the ganglia in other diseases.

In spite of much discrepancy as regards the details of the influence of the nervous system in melituria, there is a universal accord that injuries of the medulla oblongata, of the lowermost cervical and uppermost thoracic ganglia, and of certain connecting filaments of the two, give rise to the presence of sugar in the urine.

The following case is an interesting illustration of the point in question. I have here sections of the cervical cord of a patient aged 51, whose symptoms pointed to the existence of an injury, probably (at the commencement) a minute hæmorrhage, high up in the cervical spinal membranes, followed by irritative meningitis, and then very gradual myelitis from pressure, and finally ascending degeneration reaching up to the medulla. Glycosuria had existed for one month before the fatal syncope occurred. After death a small tumor was found at the middle of the cervical region, occupying the anterior aspect, and compressing the cord. The tumor was situated in the dura mater, was composed of a reddish myxomatous tissue, occupying cyst-like cavities in the meshes of the fibrous membranes. In the sections of the cervical cord various abnormal conditions were present. The most striking feature was the looseness of texture of the grey matter, as if much infiltrated with serum; its texture was loose and spongy, very unlike the usual compactness of the grey matter of the cord. The looseness of texture brought into view numerous neuroglia-cells with delicate fibrillary processes. The epithelium of the central canal had undergone abundant proliferation, the canal being blocked with a mass of small round nucleated cells, with none of the normal columnar form. The canal was surrounded by a number of concentric rings of connective tissue with very fine elongated nuclei. Scattered throughout all parts of the cord were numerous and large amyloid bodies; they were most abundant in the tissues immediately around the central canal. In the dorsal and lumbar regions of this cord similar appearances were observed, viz., proliferation in the central canal and diffusion of amyloid corpuscles; but the sponginess of the grey matter was limited to the cervical region.

In this case the diabetes was clearly due to the implication of the vaso-motor nerves along the track of the cervical region of the cord, or in the medulla itself; and the question naturally arises, How is it that diabetes is not a more constant symptom in cases where the cervical cord is affected? It is well known that, in tabes dorsalis, melituria is rarely, if ever, present; and yet the disease may be so advanced as to have caused an atrophic diminution in size of the cord to one-half its bulk, and there may be evidences of disease as high up as the floor of the fourth ventricle. I have prepared numerous sections of the medulla from cases of tabes; they show decidedly abnormal conditions from the extension upwards of the sclerosis along and around the central canal to the floor of the fourth ventricle, and yet no one of these patients presented any evidences of glycosuria. Now, it is a remarkable feature of sections of the cord in tabes that, in spite of the most advanced sclerosis of the posterior columns, perhaps also a general sclerosis of the antero-lateral white columns, the grey matter continues to be fairly healthy; the cells have not un-

dergone atrophic changes; and the grey matter, as a whole, is the most healthy portion of the cord. On the other hand, in the case I have quoted, and of which I now exhibit the specimens, the white matter is the most healthy, the grey matter having undergone a complete transformation from its normal texture and appearance. By contrasting these two conditions, in the one of which sugar was present, and the other in which it was absent, it would appear that the presence or absence of glycosuria may depend on the implication or otherwise of the grey matter of the cord in the cervical region; and we may hence infer that the grey matter is the portion of cord along which the vasomotor nerves pass. Experiments have been made by Schiff, who found that division of the entire cord at the level of the second dorsal vertebra would cause diabetes; often also it would result from section of the individual columns of the cord, sometimes the posterior, at other times the anterior. Pavy found that section of the cord between the second and third cervical vertebræ soon gave rise to sugar in the urine; but below this point section was ineffectual. As regards the cervical region, we may surmise that the presence of glycosuria is an indication of disease affecting the grey matter, and therefore deeply seated. Pavy's experiment further shows that it must be above the third cervical vertebra. We may, therefore, expect to have, in association with glycosuria coming on in cases of spinal disease, other symptoms resulting from destructive disease of the grey matter of the upper cervical cord and the nuclei of the medulla oblongata. It may, accordingly, be suspected that other and perhaps more serious symptoms will shortly follow the appearance of glycosuria in cases of spinal disease.

THE FOLLOWING NOTICE was published in the April 19th issue of the Warren Sheaf. For richness we think it exceeds anything we have heretofore seen in this line. We (N. W. Lancet) heartily wish that their constituency will, by their actions, render a repetition of this notice unnecessary:

WARREN, MINN., April 19th, 1883.

We, the undersigned, wish most respectfully to submit the following to the notice of those who have heretofore honored us with their patronage, and the public generally: "The best of all proofs, experience, has taught us that physicians cannot subsist on air alone, any better than other mortals; and that (other recognized authority to the contrary notwithstanding) windpudding as a diet is not even a fractional part so nutritious and invigorating as the high-priced beef cut with axes and cross-cut saws from the carcases of the venerable and super-annuated oxen of the Red River Valley of the North. In order to correct any erroneous impression which may be prevalent on the subject, we beg to state that we are not practicing the healing art for FUN. We therefore give notice that from this time forward our terms will be cash. We may add, that out of the fullness of the heart, and the emptiness of the stomach, the mouth speaketh." A. rodie Cochrane, A.A., M.D., H. J. Koren, A.B., M.D., S. B. Beach, M.D. There certainly is solemn, earnest humor about this "card" which appeals to the sympathies even of us who practice in large cities. —[ED. REVIEW.

PYROGALLIC ACID is used by M. Vidal (London Lancet) in the treatment of phagedænic chancre. He employs an ointment of one or two parts of the acid to eight of vaseline, or a powder with starch in the same proportion. It is said that the phagedænic character of the chancre is rapidly arrested, even more effectually than by the use of the actual cautery. It should be applied night and morning. The sore becomes blackish, and by the third or fourth day all virulence disappears, and as soon as free granulation has taken place the remedy should be discontinued. He also employs the powder of sub-carbonate of iron, and prefers it to iodoform.

A CASE OF SPINA BIFIDA was operated upon by Mr. Jessop (British Medical Journal) by excising a piece of skin from the top of the tumor, raising the lateral pieces, and then encircling the neck of the unopened sac with a strong catgut ligature and tying it tightly. The sac was then opened and cut away to within less than half an inch of the ligature; its cut edges were accurately approximated by suture, and the lateral skin flaps were then brought together. The wound was treated antiseptically and healed quickly, leaving only a firm scar to mark the site of the tumor.

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The Comparatively Few Men in the medical profession who are laborious students and constant writers are continually hampered in their studies by lack of library facilities. Boston, New York, Philadelphia and Washington have fine libraries, the collection in the Surgeon General's Office in the latter city being the most valuable in the world. Those living in or near these cities have then advantages in the possession of which they are to be envied. The Surgeon General's library is now so catalogued and indexed that a topic can be followed at will by aid of dozens and hundreds of references. But a man out West who has the ability and inclination to work up a subject with care and acquaint himself with its bibliography must either make the pilgrimage East at large outlay of time and money, or he must rest content with what he can find at home. Moreover, it seldom happens that an industrious medical man can gather together anything more than a respectable nucleus for a private library. What an advantage, then, it would be if some provision could be made in Washington by which writers could be engaged to look up any special topic desired; to make up statistical tables, tables of operations, numbers of rare cases, to prepare the bibliography of any subject, etc. If some one in charge of the library would only authorize a number of individuals, who might be male or female medical students, or those who having studied medicine have been debarred by any misfortune from practising it, to have the run of the library and the indices, so that they might be prepared to work up any subject as desired, it would give an immense impetus to study and to the preparation of more original and interesting articles than our journals have ever yet contained. In fact, it would not only be a positive boon, but would help to make the library what it properly should be, a national pride of national service. These persons should be paid a sum in proportion to the time spent or work done, all of which should be regulated by a tariff, and this should be as low as possible, that the benefits accruing might be widespread. The Army Medical Department could render the general and professional public no greater service, either directly or indirectly, than by instituting some measure of this kind.

In the Journal of Cutaneous and Venereal Diseases, April, 1883, Dr. Wm. L. Axford mentions a most intense itching of the urethra often observed during the third stage of gonorrhæa (Med. and Surg. Reporter). All treatment was unavailing until he found that distension of the urethra afforded relief. The passage of a catheter, however, increased the inflammation, so he resorted to the following expedient, which he has found successful. The patient was directed to hold the end of the penis firmly between the thumb and index finger in such a way that no urine can escape, then to make an effort to micturate, thus thoroughly distending the urethra and keeping it so for one or two minutes, the sensations of the patient to be the guide as to the amount of force to be used.

Prof. Roberts Bartholow has been elected Dean of Jefferson College Faculty in place of Dr. Ellerslie Wallace, who retires on account of physical disability.

The Death Rate in Billroth's Clinic was 9.5 per cent. in 1881, and in 1882 it sank to 6.3 per cent. Iodoform gets credit for the improvement.

Prof. Burdon Sanderson has been making a long series of investigations, from which he draws the following conclusions (Practitioner): 1. The characteristic product of tuberculosis is not an aggregation of shriveled particles of irregular form, but a tissue composed of lymph corpuscles held together by a net-work of hyaline connective substance. 2. There is a close structural analogy between this tissue and that of certain follicular organs belonging to the lymphatic system, e. g., the follicles of Peyer, the ampullæ of the lymphatic glands, etc. 3. All the favorite seats of tubercle are naturally characterized by the presence of this tissue, which, from the analogy stated above, may properly be called adenoid. 4. The natural distribution of adenoid tissue in the body is in intimate relation with the lymphatic system. In the great serous membranes (which v. Recklinghausen's discoveries have taught us to regard as walls of lymphatic reservoirs), it forms sheaths round the blood-vessels, or masses of microscopical dimensions and irregular contour underneath the epithelium. In the solid viscera it is distributed here and there in the course of the lymphatic channels. 5. In the peritoneum tuberculosis primarily consists in the enlargement or overgrowth of these sheaths or microscopical masses of adenoid tissue, and consequently the tuberculous nodules which are formed have the same intimate structure, and stand in the same anatomical relation to the vessels and epithelium. In the viscera the essential lesions also consist, not in new growth, but in over-growth of pre-existing masses of adenoid tissue. 6. The primary lesion in artificial tuberculosis, whether the cause be simple wound or specific inoculation, consists in the development, at the seat of injury, of granulations or nodules which have similar structural characters with those of adenoid tissue elsewhere, but can not as yet be shown to be in relation with the absorbent vessels. 7. The first step in the dissemination of tubercle consists in its being absorbed primarily by the lymphatics (which convey it to the lymphatic glands of which they are tributaries), and secondarily by the veins. Having thus entered the systemic circulation, it is distributed universally by the arteries. The serous membranes seem, however, by preference, to appropriate it, and from them it extends by contiguity to the superficial parts of the organs which they cover. 8. The final stage of the process consists in the tertiary infection of the glands of each diseased organ, which glands consequently undergo enlargement and induration. and eventually become partially caseous. The enlargement is due to the multiplication of cells in all the tissues of the organ, but more particularly in the alveoli—the hardening to a process of fibrous degeneration—while the caseation consists in slow necrosis of the previously hardened and anæmic parts. From the first the gland is incapable of performing its functions, but it is not until induration commences that the absorbents of the organ to which it belongs are completely obstructed. 9. In the liver of the guinea-pig, and in some other organs, tuberculous tissue undergoes a fibroid degeneration and caseation, the results of which can not be distinguished from those observed in the normal adenoid tissue of the lymphatic glands and of the spleen. 10. As regards the question of specific contagium of tubercle, we think it very important to note that this is not yet disproved by the facts of traumatic tuberculosis. It still remains open to inquiry whether or not injuries which are of such a nature that air is completely excluded from contact with the injured part are capable of originating a tuberculous process.

We Find in the Philadelphia Medical Times "A Modification of Anstie's Test for Alcohol." Into a tube containing a gram of white sulphuric acid pour twice as much of the urine to be tested, so as to overlay the acid. Now drop in a small clean crystal of potassium bichromate, and slowly mix the liquids by rotary motion of the test-tube. If alcohol is present in proportion as large as two or three parts per thousand, a permanent green discoloration of the liquids will result; if there is less than this, the liquids will remain of a ruby color.

Eighty-four Samples of Colored Paper, supplied by a Massachusetts firm for the use of kindergarten pupils, show arsenic to be present to a considerable extent in a large number of the papers, and in eight of the specimens to a dangerous degree (The Medical News). These strips of paper are used by the children in weaving various designs, and of course this work is a most natural occasion for the use of nature's mucilage—the saliva. The manufacturer, indeed, calls attention to the fact that the most attractive colors contain arsenic—cannot, indeed, be made without it—but suggests that there is no danger if the children be taught to work with their mouths shut! Even if a child could be taught to overcome its nature enough to keep things out of its mouth, while it might in a measure diminish the risks from lead and other poisons used in the same papers, it is hardly necessary to say that it would be far from removing the exposure to arsenic poisonings.

A Case of Dislocation and fracture of the humerus, with dislocation backwards of the ulna and radius, is reported in the London Lancet. The patient was engaged in plastering a lofty ceiling, when he fell, and in falling grasped at an open door. The head of the humerus was felt under the clavicle, and an oblique fracture through the middle of the bone was discovered. Temporary splints were applied, and the dislocations were easily reduced by gentle manipulation without the use of ether. The only point of interest was the result, perfect consolidation of the fracure and free and painless motion in the joints.

The Quinologist of March contains a learned article on the subject of tea and coffee from guano (Louisville Medical News) of much scientific interest. Horace Greeley once replied to an agricultural correspondent inquiring about fertilizers, who asked, "How does guano do with potatoes?" "It is purely a matter of taste, but I prefer butter with mine." We shall continue to draw our caffeine and theine from the foreign flora, and leave the products of the fauna to more experienced and enthusiastic scientists.

Vascular Changes in Amputated Limbs.—In a paper in the Revue de Chirurgie on the modification in calibre of the vessels of amputated limbs, M. Second comes to the following conclusions (Can. Pract.): 1. After amputation the arteries and veins almost always undergo a notable diminution of calibre. This is observed even when the amputated segment represents, as in amputations of the foot or the hand, a very small part of the total mass of the limb. 2. The extent of this diminution of calibre is such that the vascular irrigation is lessened, not only in the stump itself, but in the entire mutilated limb from its extremity to its root. 3. The diminution of the calibre of the vessels is precocious. It ought not to be considered as consecutive to the atrophy of the amputated limb. Indeed, after this last phenomenon has been developed, we always find a diminution of the calibre of the vessels, and this may even be shown before the atrophy of the soft parts is appreciable. 4. The primitive diminution of the calibre of the vessels probably plays an important part in the pathogeny of the atrophy of amputated limbs.

In a Paper on subcutaneous nerve-stretching in sciatic neuralgia, read before the Medical and Chirurgical Society of Maryland, Dr. J. W. Chambers, from his own cases and others taken from the journals, draws the following conclusions (Medical News): 1. That in obstinate cases of sciatic neuralgia the subcutaneous stretching of the sciatic nerve is highly satisfactory. 2. That from effects produced by the subcutaneous method, it is highly probable that all required force can be obtained. This he had also proved by experiments upon the dead subject. 3. The sciatic nerve could by this method be sufficiently stretched to produce anæsthesia. 4. That moderate elongation of a nerve impairs its sensory, and but little, if at all, its motor functions. 5. That considerable force may be applied to a nerve trunk without seriously impairing its motor functions. 6. That it is not necessary or justifiable to employ more force than just enough to produce anæsthesia.

At the Annual Meeting of the Pennsylvania Medical Association rules were unanimously adopted reaffirming the association's approval of adhesion to the code of ethics adopted by the American Medical Association, declaring that organized opposition by a local society or individual members to the code which was thus opposed is rebellion against the constituted authorities. The secretary was instructed to forward a copy of the resolutions to the committee of arrangements at Cleveland for presentation to the association.

Dr. S. W. Gross, in his Practical Treatment of Impotence and Sterility, says (Canada Lancet): In all cases of seminal incontinence, with rare exceptions, the remedies at the onset should be directed to overcoming the sensibility of the mucous membrane of the urethra, of the ejaculatory ducts, and of the seminal vesicles; to subduing the irritability of the muscles concerned in ejaculation; and to diminish the reflex excitability of the genito-spinal centre. Hence, they should be of a calming and sedative nature. By the ignorant and indiscriminate employment of strychnia, cantharides, phosphorus, damiana, and cold sitz-baths of effusions during the stage of hyperæsthesia, much harm is done and the therapeutics of spermatorrhœa are brought into disrepute. Premising the statement that tonic should follow the sedative plan of treatment, I will now give an outline of my views as to the best management of the varieties of the affection. Under all circumstances thirty grains of bromide of potassium, along with about ten drops of the fluid extract of gelsemium (Bartholow) every eight hours, and one-sixtieth of a grain of sulphate of atropia (Rosenthal) on retiring, are worth all the other internal remedies combined. In anemic subjects the bromide may be administered at night, and quinine and iron be exhibited during the day; but if the bromide be badly borne, it should be guarded (or its cumulative action must be prevented by promoting its excretion by the urine) by combining with it a diuretic, as ten grains of nitrate or ditartrate of potassa (Rosenthal). This combination is far better than that with Fowler's solution (which is advised by Gowers and Bartholow), or it may be replaced by twenty grains of chloral. Not only does atropia diminish reflex mobility of the genito-spinal centre, but the recent researches of Kenchel, Heidenhain, and Stricker and Spinar show that it paralyzes the movements of the cells of the ocinous glands and checks their secretion so that it cannot be dispensed with.

Dr. Goodell, of Philadelphia, gives an account (in the News) of his ovariotomies last year. He had twenty-five cases with six deaths. He had in addition two cases which he was unable to complete, with one death. Of the six fatal cases, one, aged seventeen, died from acute peritonitis; one, aged sixteen, from septicæmia; one from shock or œdema of the lungs; one (in last stages of septicæmia before operation), from shock; one, aged sixty-five, from uræmia; one (from whom a pedunculated fibroid was also removed), from acute mania on eighth day. The first two were favorable cases and results unexpected. From this experience the doctor will in future be disposed to wait until tumor has developed and so altered the character of the peritoneum by pressure as to lessen its vulnerability. He acknowledges his results are not so good as those of British ovariotomists, but says they do not publish their incompleted operations, nor the cases on which they decline to operate. Dr. Goodell declined in no instance during the year. He thinks it safer to administer ether largely diluted with air, and that the recti muscles should not be included in the sutures which close the abdominal cavity.

The N. Y. Med. Record says that a religious weekly over whose advertisements its editor claims to exercise a personal supervision, in order that only those remedies which he considers reliable may be there found, contains among its medical advertisements one of a sure cure for gonorrhœa in four days. Possibly the personal supervision of the reverend editor accounts for its appearance.

Dr. S. W. Gross reports a case of carcinomatous osteoma of the female mamma in the in the Medical News. The patient, aged seventy-four, and the mother of seventeen children, discovered in May, 1880, a tumor in the left breast about the size of a pea, which gradually developed some of the signs of scirrhous carcinoma, such as extreme hardness, retraction of the nipple and lancinating pains. There were no deep attachments, nor were the axillary glands involved. The entire breast was removed in November of the same year by a surgeon in Richmond, Va., who found a bony tumor loosely embedded in the organ. It was almost spherical, nodular, very hard, dense and inelastic, and enclosed in a connective tissue capsule. On section, which could only be made with a saw, it presented a pale granite-like appearance, with white islets of fibrous tissue, which formed about one-sixth of the entire mass, including a peripheral margin one millemetre in diameter for about one-half of its circumference. Sections treated with hydrochloric acid showed an osseous frame-work, the meshes of which were filled partly with a lymphoid tissue containing giant cells, and representing young bone-marrow, and partly with glandular tissue undergoing carcinomatous transformation, or completely converted into typical carcinomatous structure. Dr. Gross says: the tumor was evidently in the first instance a fibroma containing glandular elements, or an adenoid fibroma, which was gradually being transformed into an osteoma; that it was not a primary osteoid carcinoma was indicated by the presence of a fibrous capsule isolating it from the remainder of the mamma, and by the fact that there has been no recurrence of the growth in over two years, and no involvement of the axillary glands. He regarded the transformation as very uncommon.

A Case of Nævus of the Rectum was reported to the Royal Medical and Chirurgical Society by Mr. E. J. Barker (London Lancet). The earliest symptom of the disease was an attack of diarrhœa. The patient usually suffered from constipation, and was obliged to strain much during defecation. This condition alternated with attacks of diarrhœa, which were always accompanied by profuse hemorrhage. There was no pain, no loss of flesh, and no particular discharge from the rectum, except during the attacks of bleeding. An examination, made under chloroform, by means of a strong light thrown up the bowel by a forehead mirror through a large vaginal speculum, showed the mucous membrane to be marked by smooth longitudinal folds, mottled with a peculiar purplish tint. On these purplish folds three shallow ulcers were seen, which bled freely. In spite of all treatment the patient died from loss of blood. The post-mortem showed the lower four and a half inches of the rectum thickened by nævoid growth in its walls, on the rugæ of which were the three shallow ulcers.

The Diagnosis of Scarlet Fever is sometimes so difficult that it is almost impossible to decide that the disease is present. And yet the importance of distinguishing it early, not only to the patient, but also to surrounding friends, cannot be over-estimated. Dr. J. Spottiswoode Cameron read a paper on this subject at a meeting of the Leeds and West Riding Medico-chirurgical Society (British Medical Journal). He dwelt upon the several symptoms of vomiting, headache, and early delirium, and always insists upon an examination of the throat where these are present. The enlargement of lymphatic glands between the ear and jaw he holds to be of importance in doubtful cases, whilst the absence of the characteristic, or strawberry, tongue does not necessarily exclude scarlet fever. He says, that sudden high and persistent temperature in a child, typhus and small-pox being excluded, generally means scarlet fever, and he would strongly suspect the disease in a case with doubtful history where the tongue was moist, with a pale red base and smooth, except that its surface was covered with minute bead-like papillæ. The disease may be present almost without fever, without angina, and without rash, and in such cases the con-

dition of the tongue, state of the skin and urine are important and demand careful consideration. Difficulties of diagnosis in a case first seen may present themselves in any of the stages of the disease, the initial, the eruptive, the defervescent or the convalescent. In the first, measles, diphtheria, small-pox, typhus, pneumonia, quinsy, and simple continued fever may cause difficulty; but the history of previous illnesses, the acute symptoms, the course of the temperature, and the state of the throat are very important, and point to the true nature of the disease, while ulceration of the throat is not common at the beginning of a true scarlatinal angina. A sore throat in a person who has previously had scarlatina, he holds, may be infective, and quotes a case of that character, but the diagnosis is generally helped by a history of previous exposure. In the eruptive stage, measles, erythema, rötheln, and even urticaria may require to be eliminated before a diagnosis can be arrived at. In the defervescent stage typhoid fever may be mistaken for scarlatina; and in that of desquamation it may be necessary to separate other febrile symptoms, latent albuminuria, nephritis and even some skin diseases. He says, there is no one sign always present in scarlatina, and in doubtful cases as complete a history of the attack as possible should be obtained, and yet a percentage of cases would still remain in which the only guide to a diagnosis would be a knowledge of the diseased conditions prevalent around.

Mr. W. J. Walsham, F.R.C.S., Assistant Surgeon to and Demonstrator of Orthopædic and Practical Surgery at St. Bartholomew's Hospital, writes (British Medical Journal): "During the past autumn, whilst in charge of Mr. Willett's wards, it fell to my lot to tie the femoral artery three times for popliteal aneurism. In each instance two ligatures were applied, a little less than half an inch apart, and the artery completely divided between them. The ligatures used were kangaroo-tail tendon; the wounds did well; the operations were performed strictly antiseptically; and in each instance the patient made a good recovery. If two ligatures be applied, and the vessel divided between them, all risk of too free a separation of the sheath is absolutely avoided, as one ligature can be applied to the spot where the sheath is separated above, and the other where the sheath is separated below. After the vessel is divided, each cut end retracts, drawing the respective ligatures well into the sheath, thus leaving the blood-supply of no portion of the vessel on the proximal and distal side of the upper and lower ligatures respectively interfered with. The artery is thus placed under very nearly the same conditions as one which has been ligatured in a stump, and exactly under the condition as one the ends of which have been secured in a wound, and from such secondary hæmorrhage is very rare. Indeed, I am not aware that, after the two ends of a divided vessel have thus been tied in a wound, hæmorrhage, except from the slipping of a ligature, has ever occurred. The normal longitudinal tension of the vessels constitutes another, and, I believe, not inconsiderable source of ligaturing an artery in its continuity. A transverse wound of an artery, as first pointed out by Mr. Savory, in consequence of this elastic tension, assumes a diamond shape. Should any part of the ligature cut through the vessel before it has become permanently occluded, this tension, by causing such a cut in the vessel to gape, thereby disturbing the connection of any internal clot that may have formed, or adhesions of the coats that may have taken place, must tend to the production of secondary bleeding. In a case of secondary hæmorrhage, under the late Mr. Callender, on cutting down at the seat of ligature to secure the bleeding points, the hæmorrhage was clearly seen to be due to such a cause. The vessel, which had been secured by a catgut ligature, had given way opposite the knot (which itself was intact), and a gaping wound one-tenth of an inch wide existed in the walls of the vessel. By applying two ligatures, and dividing the vessel between them, all tension is taken off, and both ends are placed in a state of rest—the most favorable condition for heal-

ing. It has been objected that the application of a second ligature and division of the artery detract from the simplicity of the operation—a point, I suppose, other things being equal, always to be aimed at in surgery. In this instance, such an objection appears to me to be a mere question of sentiment, and, as such, I venture to think, is of little moment, if, as I believe, it is a fact that, by using two ligatures and dividing the artery between them, greater safety is obtained."

Dr. J. K. Spender, of the Bath Mineral Water Hospital, describes a "Case of Lichen Psoriasis," at that hospital, which occurred in a man aged 44 (British Medical Journal). The symptoms of psoriasis soon disappeared under hydro-therapeutic treatment, but the battery had little control over that part of the eruption which might be correctly termed lichen. The author continues: "I have had lately, in private practice, a case which illustrates this in which accidental circumstances may cause different forms of skin disease to succeed each other. A retired farmer, aged eighty, very temperate in all his ways, became depressed and generally out of health at the beginning of this January. In a few days, there was an acute eruption of lichen over a large part of the body, but most severely, perhaps, on the upper arms, on the flexure side of the elbows, and about the wrists. There was a rough symmetry in the grouping of the papules, which were sufficiently red and multitudinous to deserve the name of lichen agrius. There was not so much pruritis as a general heat or smarting; and as if to exhibit the eczematous or boiling-over process, which any form of skin-congestion may undergo, a large vesicle was developed on the front of each wrist among a crowd of angry papules. After a few days the lichenous eruption desquamated on the arms as cleanly and decisively as if it were the sequel of specific fever. On January 21st, small bullæ of pemhigus were seen on the back of both wrists and hands; presently also about the feet and ankles; and soon afterwards, very large bullæ formed on the legs, thighs and forearms. There were grave adynamic symptoms at the same time. By careful treatment and good nursing the patient is now (February 4th) pulling safely through. Now, how are we to interpret this chain of curious phenomena? Do they form a series of what Sir W. Gull calls 'nerve vagaries'—a succession of nerve-storms, one disturbance effacing as soon as possible what went before, as if in a hurry to display its own signs? Or, according to a less transcendental view, we may regard different elements of skin-texture as effected by certain morbid influences, one after the other; and the wonder is, that a person at such an advanced age should be able to survive the shock of so many cutaneous lesions."

A Case of Typhus in which the fever assumed the pyaemic type is reported by Chvostek in the Centrlblt. f. Med. Wissenschft. The patient was awakened one night by severe dyspnœa and soon became unconscious. Expiration was normal or almost normal, swallowing was impossible, pharynx insensible, but inspiration extremely difficult. Tracheotomy was at once performed, but to no avail. At autopsy the left arytenoid cartilage was found nearly loose in the rima glottidis, being held only by a thread of tissue. The ulceration which had loosened it had also affected the true and false vocal cord of that side.

The Treatment of Ringworm, Dr. Simon says (British Medical Journal), should be thorough and vigorous, so long as the black spot or stumpy hair remains, and when necessary constitutional remedies should be given. In recent cases local applications of sulphurous acid and glycerine, and carbolic acid pomade are useful; epilation is also frequently necessary. In chronic cases oleate of mercury and croton oil properly applied will generally effect a cure.

Billroth has recently removed a spleen, for the third time (Exchange). In each case he says he made a mistake in the diagnosis—in the first two, thinking they were cysts, and the third a fibroid.

A WRITER in the London Lancet is so impressed with the good result of his treatment in diphtheria that he feels called to publish it (Philadelphia Medical Times). He believes the disease to be primarily local, and further, that it always begins in the fauces, never first in the larynx; consequently it is always accessible early. The exudation he finds is checked, and the false membrane to rapidly disappear with early local application of boracic acid. The solution used is as follows: Boracic acid, two drachms; glycerine and water, each half an ounce. This to be applied freely every hour at first. He advises its continuance for some days after the throat is clear. It appears innocuous, an ounce having been applied frequently within twenty-four hours in young children. In regard to the innocuousness of boracic acid, it should be said that a Russian physician reports two cases in which it proved fatal. In one a five per cent. solution was injected within the pleural cavity after an effusion had been aspirated in a case of pleurisy of three weeks' standing, washing it out and part being allowed to remain. The patient soon began to vomit, did so constantly next day, pulse became small and frequent, hiccough came on, and the patient became feeble. An erythema appeared on the face, with swelling extended, and became vesicular. Other symptoms became more marked, and he died on the fourth day. In the other case a large lumbar abscess was opened and washed out with the same solution; he died on the third day, the same symptoms being observed. No autopsy in either case. It is questionable whether these results were attributable to boracic acid.

THE RELATION of the state of the urethra to the discharge is a question that has been discussed a great deal [Jour. de Med. et de Chir. Pratiques]. According to many authors, whenever there is gonorrhœa, a certain amount of stricture occurs, and this ought to justify a speedy employment of bougies. M. Guyon, on the contrary, considers as well demonstrated that almost always stricture plays no part in the production of chronic urethritis. M. Janim, one of his internes, who has written an important paper on this, found that in sixty-one patients affected with chronic urethritis, four only had stricture. This fact is of great importance from a therapeutical point of view, since it demonstrates there is no necessary relation at this stage of gonorhœa, between the two morbid states. It is the same in regard to narrowness of the meatus, considered by some as a cause of chronic urethritis; and, on this account, cutting the meatus has been overdone, an operation which M. Guyon has very seldom practiced in this condition.

PROF. WINIWACTER, of Liege, has been employing parenchymatous injections of hyperosmic acid in cases of sarcoma and lymphoma with astonishing success (Revue Medicale). A man applied at his clinic with a sarcoma of the neck as large as a child's head, deemed inoperable. For a fortnight he made daily an injection into its substance of three drops of a one per cent. solution of the acid. The tumor rapidly softened, serous pus was discharged from the points where the injections had been made, the infiltration rapidly diminished, and at the end of a month the tumor had completely disappeared. There had been no sign of inflammation, and none of constitutional affection. Since this case he has resorted to it in others like it, as well as in cases of lymphoma and scrofulous adenoma. Only in genuine carcinoma has its result been disappointing.

THE DEATH of Dr. H. B. Wilbur, Superintendent of the State Institute for Feeble-minded at Syracuse, N. Y., has been announced. He was a native of Welden, Mass., and was among the first to engage in the education of idiots in this country, establishing the first asylum at his own house. He graduated at Amherst, and in early life entered the medical profession, but in his later years gave his attention to lunacy reform, and filled the position of president of the National Association for the Prevention of Insanity for several successive terms.

Mayer has examined three hundred and thirty-six girls between the ages of six and thirteen, with reference to lateral curvature, and found the frequency of curvature increased in each succeeding school year, as well as the extent of deviation. He has not found the so-called "physiological curve" to exist, nor that lateral deviation begins most frequently in the upper dorsal, but in the lower dorsal or lumbar region. He concludes with a statement of his opinion that a one-sided position, common in writing, is undoubtedly a factor in the causation of lateral curvature. This conclusion will become more fixed in everybody's mind the more he studies the subject. It seems to be another of those necessary evils attending our public educational system, where no particular note is taken of the little matters which slowly but surely undermine constitutions or distort nature's models.

Paracentisis Pericardii followed by free incisions was the treatment adopted by Dr. Samuel West (London Lancet) in a case of purulent pericarditis, with large effusion causing urgent symptoms, an account of which was given at a meeting of the Royal Medical and Chirurgical Society. Pus was obtained by the paracentisis, which operation was repeated in three days and afterward the pericardium was freely opened, evacuated, washed out and a drainage tube inserted. There was no rise in temperature and the patient recovered in five weeks, the only feature of interest being an attack of general urticaria, which came on a week after the operation and lasted for three or four days. The doctor also furnished the statistics of paracentisis pericardii, giving a complete list, in tabular form, of the cases recorded up to date, and several that have not as yet been published, making seventy-nine in all. It seems that the operation was first suggested by Riolan as early as 1649, but its practical introduction was traced to Dr. Rovers, of Barcelona, who operated successfully on two cases in 1819. In 1841, in an outbreak of scurvy in Russia, there was a remarkable series of cases in which the pericardial effusion was composed mostly of blood. Nine were operated upon, of which six recovered. In 1854, Trousseau published some cases of his own and M. Aran. The operation was introduced into England in 1866 by Dr. Clifford Allbutt, and in 1871 Rosenstein operated by free incision and drainage. From the cases reported the following conclusions were drawn: 1. Paracentisis pericardii is not only justifiable, but may be safely undertaken, with ordinary precautions, only one case being recorded in which death was due to the operation itself, all the others being relieved by the removal of even a small amount of fluid, and many recovering who would otherwise probably have died. 2. The most suitable place for puncture is ordinarily in the fifth intercostal space, one inch from the edge of the sternum, but if the pleura be adherent the puncture may be made much further out and even in the sixth intercostal space. 3. The instrument employed should be a trocar and canula, with or without aspiration. 4. The operation may be advantageously performed not only in effusions of rheumatic or primary origin, but in the later stages of general dropsy, if the fluid in the pericardium is adding to the heart's difficulties. 5. Purulent pericarditis should be treated on general principles, like empyema. 6. The pericardial sac may be safely opened and drained. 7. This treatment appears to be the only one which offers the slightest hope of recovery. 8. The results do not seem to be as unfavorable as those of empyema, for the walls are better able to contract rapidly and thus permit complete obliteration.

The Next Meeting of the American Medical Association will be held in the city of Cleveland, June 5th to 8th inclusive. The railroads East from Chicago will carry delegates to Cleveland at one full fare and return them at one cent per mile, on certificate that they have been in attendance. The roads West of Chicago have refused to make any reduction.

The Last Annual Report of the Michigan State Board of Health contains numerous interesting papers. Among them, under the title "What can the Law do for the Health of the People?" Judge Cooley, of the Supreme Court, vindicates the right of, and shows why the State should enforce regulations to protect the public health, even though they encroach on individual liberty. He also points out the dangers of an abuse of powers granted to health authorities, and shows how that abuse may be prevented by appeal to the courts and to an enlightened public sentiment. But he thinks there is less danger of local boards of health abusing their powers than of their failing to use them. In a similar line of thought Ex-Lieutenant Governor H. H. Holt discusses the difficulties and the means to "The Enforcement of Sanitary Regulations." Dr. W. F. Breakey discusses "Unsanitary Methods and Results of School work" coming under his observation and as reported to him, in reply to a circular of inquiry on that subject by a large number of physicians and superintendents of schools. He favors giving the best teachers to the youngest pupils, requiring teachers to pass examinations in physiology and hygiene, treating pupils as individuals having different capacities, temperaments, tastes, and physical strength; short sessions, frequent recesses, less work, more elastic courses of study, better ventilation, heating and lighting, and less climbing of stairs. In a paper on "The Hygiene of Study," Prof. W. S. Perry defends the schools, and urges that the work of the pupils promotes their health. Rev. M. W. Fairfield also contributes a paper on "Hygiene vs. High Pressure in our Public Schools."

The Trephine was used by Dr. Banham and Mr. Arthur Jackson (British Medical Journal) in the treatment of a case of spinal caries with paraplegia, for the relief of symptoms of pressure. The patient, a boy twelve years of age, had been struck in the back some months before, and on admission to the infirmary both lower limbs were helpless, wasted and flaccid. Sensation was normal; there was exalted faradic contractibility and sensibility, and increased tendon-reflex. There was no swelling or tenderness detected in the back, and hot and cold sponges did not distress him. For the next two months he gradually grew worse till he lost all control of his sphincters and could not turn himself in bed. The wasting had increased and the legs were drawn up in a state of tonic contraction, and any attempt at straightening them caused great pain. Faradism caused him to cry out loudly, and galvanism he never felt. A prominence appeared in his back corresponding to the lower dorsal spines, and drugs and galvanism producing no effect, Mr. Jackson operated upon him. An incision three and a half inches long was made over the lower dorsal spines, and the laminæ and spinous process of the ninth vertebra were removed. The dura mater was laid bare, but not opened. No pus was found, but the cord rose to the opening in the bone. The temperature rose the next day to 102° F., but soon fell to 100° F., where it remained for three weeks and then became normal. He was much improved by the operation, being able for the first time since admission to micturate properly and when he desired. Control of the sphincters was regained, the painful contractions of his legs disappeared, and he was able to draw his knees up against his abdomen and slightly move his toes. Faradic contractibility was, however, much diminished, though sensibility was normal.

Warts may be removed by cauterization, as recommended by Dr. Cellier in the Journal de Mèd. et de Chir. Pratiques (Medical Record). An ordinary pin is thrust through the base of the wart, care being taken not to wound the healthy tissue beneath. Then, the skin being protected, the head of the pin is heated in the flame of a candle. It is said that the wart becomes white and fissured in a few minutes, and comes away on the point of the pin. Dr. Cellier also says, that it is only necessary to remove one wart on the hand, that though there may be a dozen, all the others will disappear without treatment.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

[Reported by Dr. F. S. Johnson.]

Regular Meeting, May 7th, 1883—Dr. Graham, President, in the chair.

The first topic in order was the discussion of a paper on Empyema, read by Dr. E. F. Ingals at the last meeting. Special interest was attached to the case of a child whose recovery followed a single aspiration—to another case whose prompt closure of a persistent fistula followed the use of the galvano-cautery, and to the method of introducing drainage tubes as practiced by the reader. The puncture is made by trocar and canula, the tubes are introduced through the canula, which is then withdrawn, leaving the tubes in position. The operation is very simple, and the danger of puncturing an artery or of separating the pleura from the thoracic wall is very slight.

Dr. Roswell Park spoke upon the care of empyemic cases, and stated that Nussbaum suggests the use of glycerine in multilocular cavities where drainage by ordinary means is impracticable, with the view of filling the pockets with this heavy antiseptic fluid and thus floating out the contained pus. Dr. Park proposes boro-glycerine as preferable.

A case of clinical and pathological interest was briefly described. A child having empyema, the result of pleuro pneumonia, was first seen after spontaneous opening had occurred. There was then great deformity of thorax. More perfect drainage was secured by the exsection of portions of three ribs. Improvement followed, but death took place in a few months. The autopsy revealed ulceration of the vertebræ in addition to the deformity, dependent upon the contraction of the pleural cavities. Quite extensive amyloid visceral changes were found.

Dr. Verity exhibited an improved derrick and suspension apparatus for the application of plaster jackets. The support for the head consists of broad canton flannel bands, much more comfortable than the padded strap in ordinary use. The adjustment of traction upon the neck and axillæ can be quickly and easily accomplished by the block tighteners, such as are used on tent guys. The derrick can be attached to any door jam. It allows the operator more freedom than does the tripod, and is more portable.

Dr. E. Ingals presented the following resolution: *Resolved*, That the public good would be promoted by the establishment of a State Board of Medical Examiners, such board to be entirely separate and independent of all medical colleges, to have the exclusive right to grant license to practice medicine in the State of Illinois, leaving to medical colleges their function of teaching and conferring degrees, but obliging all who in future desire to enter upon practice, and who have not already received license to do so, to go before such board to prove their fitness; and that said board be required carefully to examine all applicants as to their moral, literary and medical attainments, and only to confer a license on those who are well qualified in all these respects.

The resolution was freely discussed, and received the hearty support of the society. Various opinions were expressed as to the best method of establishing an examining board. The systems of State examination and State licenses now in practice in European countries and in Canada—especially in the province of Ontario—were briefly stated by various members. The question as to how the sense of the resolution could best be realized under our existing form of government was generally conceded to be a difficult one. The suggestion was made that the duties of such a board be vested in the State Board of Health.

A second resolution was also presented by Dr. E. Ingals:

"*Resolved*, That a committee of three be appointed by the Chicago Medical Society, and that its members be instructed to confer with the Illinois State Board of Health relating to statements contained in the published proceedings of last meeting, and that this society respectfully request said board to communicate any facts in their possession that will enable the committee to prepare its report for the Society."

It was the purpose of the mover to have the committee examine the workings of the Board, and ascertain how much the Board had accomplished towards raising the standard of requirements for practice in this State.

It was stated that the published reports of the Board did not agree with the United States census as to the relative proportion of graduates and non-graduates in practice. The question was raised why so many unlicensed practitioners were allowed to continue in practice, and how these men could be reached by the law.

In the discussion of the resolution it was shown that the State Board had surer means of ascertaining the exact number of practitioners, regular and irregular, than the census-taker, and that it could better estimate the effect of existing laws in decreasing the number of unqualified practitioners, and also that large numbers of these had either left the State or entered schools and obtained diplomas. The penalty for infringements of the Practice Act seemed sufficient protection. Unlicensed practitioners are not recognized in courts of law as

physicians. The duty of proseuting unlicensed practitioners does not rest upon the Board alone, but also upon the Profession.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, May 12, 1883.

The President, Dr. Barret, in the chair.

DR. JAMES received some months ago a specimen of urine which was so peculiar that he asked for more information regarding the case. In return he received a printed slip taken from a local newspaper and descriptive of a case of general melanosis. The physician who sent this—Dr. Falls—stated that in case of the death of the patient he would send some nodules, which were very abundant in the connective tissue of the man, and varied in size from that of a quail's egg to some invisible to the eye and only evident to the touch. All the discharges from the body were of a dark color. Dr. J. exhibited photographs of the case, showing a front, a back and a side view. The skin is black, as also the urine and saliva, whilst the fecal dejections were of the same color. The pulse was regular and beat from 75 to 85 times per minute. During the latter part of life there was pain in the bowels and diarrhœa. There was seldom any complaint of pain. The decline was but little from day to day, but in the aggregate it was a very great diminution. Death occurred on September 19th, 1882, and a post mortem examination revealed the presence of these nodules in the internal viscera. The smallest were in the brain, whilst larger ones occurred in the liver and in the skin of the chest and back. Glycerine and alcohol dissolve the coloring matter.

[The doctor here demonstrated specimens which were mounted with the microscope and afforded the members an opportunity of examining these interesting specimens.]

DR. J. stated that at the next meeting he would present sections of the nodules, which he had forgotten to bring with him, and would, in addition, give a more complete history of the case.

DR. POST inquired what the nature of the pigment was.

DR. JAMES, in reply, stated that it was almost entirely hematoidin. He demonstrated a specimen obtained from an etherial solution, and stated that it appeared black by reflected light, by transmitted light it was reddish in color. After standing in alcohol a nodule assumes a color like that of thin asphalt.

CORRESPONDENCE.

EDITOR REVIEW:—The Southern Illinois Medical Association met at the M. E. Church at Sparta, Ill., at 2 o'clock P. M. Wednesday, May 9th, 1883, and was called to order by the President, Dr. James Roberts.

Prayer was offered by Rev. W. H. Scott, of the M. E. Church.

The Secretary, Dr. Hale, not having arrived, a motion was made by Dr. Guthrie that Dr. J. B. Rosson be appointed Secretary pro tem. Carried.

Dr. S. W. Marshall, of Sparta, then delivered the address of welcome, which was replied to by Dr. C. N. Dunning, of Cairo.

The proceedings of the last meeting were read by the Secretary pro tem., and approved by the Society.

As Drs. Carr and Rainey were the only members of the Board of Censors present, Dr. Leiper was appointed as one of the Board for the present.

An able paper was then read by Dr. Jerome Thomson on "Popular Physiological Culture and Medical Progress."

It was moved and carried that Dr. Darrah, President of the State Medical Society, and Dr. Hughes, of St. Louis, be made permanent members of the Association.

A paper was then read by Dr. Rosson on Infantile Paralysis, and ably discussed by Dr. Hughes, of St. Louis, and Dr. Wetmore, of Waterloo.

Dr. Hughes spoke of the use of the constant galvanic current in preventing atrophy, and its benefits in vascular conditions of the cord.

Dr. Darrah arose to thank the Society for the honor conferred on him by electing him permanent member of the Society.

Dr. Hughes also extended thanks for the same.

The Board of Censors reported several names for membership.

The Committee on Materia Medica was called, and although no written reports were made, some remarks were made by Drs. Hughes and Wetmore on electro-therapeutics.

The Committee on Theory and Practice was called, and an interesting discussion took place on typhoid fever and its treatment, participated in by Drs. Dyer, Berkebile, Booth, Hallam, Dunning, Marshall, Defoe, Gill and Wetmore.

SECOND SESSION—7 o'clock P. M.—The Society was called to order by the President.

The subject of surgery was taken up and discussed till a late hour by Drs. Binkly, Roberts, Booth, Dyer, Rosson, Gill, Hallam, Davis, Guthrie, Wardner and Hale.

Drs. Booth, Dunning and Wardner were appointed a nominating committee.

THIRD SESSION—8 o'clock A. M.—The meeting was called to order by the President at the M. E. Church.

Prayer by Rev. W. H. Scott.

The Committee on Diseases of Old Age was called up, and Dr. Hallam made remarks on paralysis agitans, hypertrophy of the prostate gland, senile decay, etc.

Dr. Dyer made some pointed remarks on the necessity of the young giving attention to the proper development of the body. He thought any old person might feel youthful by attention to physical development and care of the body.

The nominating committee reported the following names of officers for the next year:

President, Dr. H. R. Guthrie; First Vice-President, Dr, Berkebile; Second Vice-President, Dr. S. W. Marshall; Secretary, Dr. J. I. Hale; Reporter, Dr. J. B. Rosson; Treasurer, Dr. L. Dyer. For Censors: Drs. Defoe, Leiper, Wetmore, S. M. Jones and Hallam.

Dr. Hallam moved, and the same was carried, that the Secretary ballot for all the officers nominated by the committee.

The Secretary, Dr. Hale, presented his report, in which he stated that 189 names had been enrolled, that 79 had their dues paid up to 1882, and 53 are in arrears for two or more years; 23 have paid nothing, 17 have removed from the State or the bounds of the association, 7 have died, 5 have been dropped, 3 have withdrawn and 2 have been expelled. He had received cash on dues $112.50 and paid out for expenses $88.10, leaving a balance paid treasurer $24.40. This report embraced the time up to the beginning of the present meeting. He had collected $50 or more since.

The Treasurer reported $195 cash in his hands.

The names of W. J. Cochran, of Medical College of Ohio, 1873; W. Whittington, Missouri Medical College, 1880; Virginia Mahoney, Women's Medical College of Chicago, 1883, were presented for membership and elected.

Dr. Defoe then made some pointed remarks on the duties of physicians after childbirth, to give such instructions as are necessary for the well being of the child and mother. He also made some practical remarks on alimentation as applied to infants.

It was moved and carried that Drs. Mudd, Porter and Barret, of St. Louis, be made members by invitation.

Dr. Hallam then invited the members to hold the next meeting at Centralia.

Dr. Moxey read a paper on the Diseases of Children. He said that in his locality more than one-half of the children died before six years of age. He attributes the fatality to malarial poison, and that as the parents are diseased the children they beget are diseased.

Dr. Wardner read a paper on Insanity and the Modes of Confining the Insane, etc. He also read a paper on Hallucinations, and gave an account of a case of insanity in a man living at Chester. This man murdered a family at that place, but has apparently recovered, and desires to be released from the hospital. This was followed by a discussion by Drs. Hughes and Wetmore, Judge Browning, Judge Murphy, and Drs. Robarts and Darrah on medical jurisprudence. Drs. Booth, Hallam, Hale, Mann, Marshall and Gordon also participated.

FOURTH SESSION.—1:30 P. M.—The Society was called to order by the President.

Dr. Gill read a paper on the Causes of Insanity.

Drs. Dunning and Booth were appointed as a committee to select places for the next annual and semi-annual meetings. The committee reported Carbondale for the semi-annual and Du Quoin for the annual meeting.

Dr. Binkly read an article on Electricity.

Dr. Dunning read an interesting essay on "How to make a place unhealthy."

Dr. Moxey read a paper on Concussion.

The following resolution was introduced by Dr. Dyer:

Resolved, That the interest and pleasure of this reunion of our Association are largely due to the excellent management of the physicians of Sparta, the generous hospitality and kind attentions of their fellow citizens, and to the minister and trustees of the Methodist Episcopal Church, to all of whom we hereby tender our warmest thanks and best wishes.

The President then delivered his address, after which he introduced the new president, Dr. Guthrie. Dr. Guthrie made some pointed remarks, and thanked the members for the honor they had conferred upon him.

Adjourned to meet at Carbondale third Wednesday in November, 1883.

J. I. HALE, M.D., Secretary.

SELECTIONS.

ON THE FORMATION AND PREVENTION OF BED-SORES IN NERVOUS DISEASES.

BY THOMAS BROWNE, M.D.,
Staff Surgeon to the Royal Naval Hospital, Great Yarmouth.

[London Lancet.]

In the following paper on the formation and prevention of bed-sores, I will first refer to some of the views put forth to explain their occurrence in connection with diseases or lesions of the nervous system.

Sir James Paget long ago pointed out that sloughing of compressed parts is peculiarly rapid and severe when those parts are deprived of nervous force by injury of the spinal cord or otherwise. Charcot refers to experiments made on animals where ulceration occurred in parts paralyzed by section of

their nerves, and quotes the observations of Brown-Séquard that these ulcers or sores are produced by prolonged pressure and the contact of fæcal matter and decomposing urine to which the parts are exposed. He adds, if the parts are carefully and effectually protected from injury, lesions whose consequence is the abolition or suspension of the action of the nerves are impotent to produce in distant parts other nutritive disturbances than those attributable to prolonged inaction. Drs. Bucknill and Hack Tuke say that the formation of bed-sores depends on the cessation of nutrition and consequent death of the tissues, and the blood contained in them, from obstruction of nervous force; and they mention some cases of general paralysis of exceptional severity where the thick fleshy cushion of the gluteal and lumbar regions was extensively involved in a way that bore a strong resemblance to traumatic gangrene. In these cases the slightest pressure produced sloughing: the weight of one leg crossed over the other in bed, or the weight of the hand or the forearm lying on the abdomen. In such cases as these, decomposition had set in while the vital functions were still languidly performed.

As a loss of mere sensation or motion will not of itself produce bed-sores, it has been suggested that a lesion of the sympathetic and vaso-motor system of nerves might explain the rapid formation and extension of these much-dreaded sloughs. I may say, in passing, that the sympathetic system of nerves has in later years risen into importance and prominence. Its functions are not well understood, so that we are apt to look on it somewhat in the light in which a commander-in chief does a good staff officer whose duties are ill-defined, but who is quite ready to be saddled with any odd job that seems to belong to no one else. We know that neuro-paralytic hyperæmia, however far it may go, is never of itself sufficient to cause an alteration in the nutrition of tissue. It predisposes to inflammatory action, and this is lighted up by causes which would be comparatively trifling in a healthy organism. Charcot expresses in strong language the opinion that the formation of acute bedsores depends on lesions which determine either in the nerves or nervous centres an exaltation of their properties, an irritation or an inflammation. He says they develop especially in those regions which are subject to pressure, to friction, or to prolonged contact with urine; but they may also make their appearance apart from these conditions, although the cases are rare. This view is concurred in by Mickle, who says the tissues melt down more rapidly or slough under acute trophic disorders of central or spinal origin.

In the course of this paper I trust to be able to show that bed-sores, in nervous diseases, at any rate, except in very rare instances, may be entirely avoided. As my experience in the successful prevention of bed-sores has been nearly confined to cases of general paralysis, my remarks will chiefly have reference to that disease, though I hope some useful deduction or wider application may be drawn. In general paralysis bed-sores were formerly of common occurrence; indeed, towards the closing scenes, they were nearly the rule, their appearance was looked on as inevitable and a matter of course, hardly calling for observation or record. Some very dreadful pictures are drawn by various authors of their character and extent, as well as the septic poisoning that followed, till the patient became a mass of sloughs, a foul and offensive object to all about him. Happily, in later years a great improvement in this respect has been effected by all who have had the care of such cases, till a bed-sore is now the exception in patients dying of general paralysis. Those who have seen much of this disease know well how profoundly the vital powers are lowered towards the end of a long case. Though healing may, and often does, rapidly occur in the less advanced stages, yet when the last stage is reached, how slight is the hope that a bed-sore will ever heal. I mean in that condition where the patient lies helpless, speechless, paralyzed in every limb, just able to swallow the food placed in his mouth, apparently insensible to all around him, and quite unconscious of the performance of the natural functions. There is little or no response to any stimulus; with a lowered temperature the circulation creeps sluggishly on, having barely strength to reach the more distant parts of the body, so that if at any point it meets with the most trifling obstacle it simply stops. There is, then, as Bucknill and Tuke express it, a "cessation of nutrition, and the consequent death of the tissues and the blood contained in them." In this condition bed-sores are very apt to form unless the greatest care is observed. But there is another phase of the disease in which bed-sores occur with readiness, where all our skill and attention will be fully taxed to prevent their formation—namely, during those nerve-storms in general paralysis, often recurring and of varying intensity and duration, which arise in connection with the epileptic fits so common in this disease. Here everything is the reverse of the foregoing dull picture of inert life, failing powers, low temperature and languid circulation. There is, on the contrary, an exalted condition of everything, except to external impressions. There are high temperature, rapid pulse and frequent convulsions, combined with profound insensibility, lasting, it may be, for days. The difference between these two states has been often pointed out, and is very marked; and each of them has a bed-sore with a distinctive character. In one the sloughs are

slow in formation, have little or no inflammation, appearing after prolonged pressure, as if the result of functional inaction alone. In the other the lesions are rapid in formation, and are ushered in by the appearance of blisters or other signs of irritation or inflammation. One consists of passive lesions; the other of trophic disorders. In each of these varieties there is something more than mere trophic change, as these sloughs only occur where pressure is added, and not, as in necrosis or ulceration of the cornea, following some injuries or diseases of the trifacial nerve.

For the prevention of these lesions I have nothing new or startling to introduce. I will only plead for a more careful application of those general principles which guide us in the treatment of other affections, modifying and adapting them to the special requirements of the condition before us. In the first rank may be placed careful feeding, cleanliness, diffusion of pressure, and the maintenance of an equable temperature in the extremities by the application of artificial heat where necessary. By careful feeding I mean a liberal mixed animal and vegetable diet of an ordinary character. So long as a patient is able to masticate, and can safely swallow his usual food, it is best for him to do so, for the digestive functions seem to last after all else is a ruin. When the paralysis has advanced too far to allow solid food to be given with safety, a liquid or semi-solid dietary must be substituted. But it must not consist too exclusively of an animal diet, there must still be the due proportion of vegetable matter and vegetable juices. Such can be easily and pleasantly given in soup, which should ever form part of the diet of a general paralytic.

In most of the books to which I have had access it is assumed that it is quite impossible to keep general paralytics clean and sweet. In my experience this is not so, but careful feeding is necessary as well as the most scrupulous and constant cleanliness to preserve a healthy skin. Probably a diet such as I have referred to may do its share towards keeping the skin sweet. We are all familiar with the disagreeable effect of an excessive animal diet on the skin of a dog. Perhaps our anxiety to sustain the vital powers and the view that a general paralytic in his last stage requires a generous diet with a liberal supply of port wine, may lead at times to the exhibition of a diet too purely animal, and in some measure account for the skin becoming dull, dirty and greasy, despite ablution.

I have made little reference to the use of alcohol in the diet of a general paralytic, because I have a decided opinion that it can seldom be a desirable addition to the diet of a patient laboring under such a disease. It is suggested by some writers that chloral, so often useful in this disease, has a depressing effect, and that it is well to give alcohol in some form or other to obviate that result. But careful observations have shown that the pulse, as estimated by the finger, is not lowered by a moderate dose of chloral. The omission of alcohol in every form from the diet and medicine of patients suffering from general paralysis has been attended with no ill result. The experience gained at this hospital agrees with the observations of those writers who have recently stated that as the consumption of alcohol was reduced, the necessity for chloral greatly diminished, so that now in many hospitals the administration of chloral or other sedative is quite exceptional in cases of general paralysis.

I will now discuss the question of cleanliness, and how it may be most effectually attained. A high authority, referring to general paralysis, says, "They must not be allowed to lie in bed; they must be taken out of bed and thoroughly washed, for in the advanced stages it is difficult to keep them dry, and must sit day by day in an easy chair. If allowed to lie in bed, they very soon contract bed-sores." My own experience differs much from this. In the paralyzed and absolutely helpless condition of a patient such as I have sketched when discussing passive bed-sores, a mere inert living object, it would hardly be possible to keep him in any form of easy chair. Even did we succeed daily in dressing him and placing him in a chair, he would frequently be wet and dirty, for these patients follow no rule when the helpless stage is reached, and no attention is paid to the action of the bladder and bowels. Besides, the pressure caused by mere body weight in the most easy of chairs for three hours would be sufficient to cause a cessation of nutrition, and consequent death of the tissue on which the pressure fell. Its feeble life would be crushed out. A patient in such a condition is, in my opinion, best in bed, for only there can absolute cleanliness be observed. The patient must frequently be placed in a warm bath, gently washed, and carefully dried by the pressure of the towel, not rubbed, as the vitality is too low for that. There must be no hesitation about changing the patient when merely wet, as urine in contact with the skin acts like an escharotic, destroying its vitality like a blight. If the paralysis is far advanced and the patient helpless, he must be placed on a water-bed on which several layers of blankets and sheets have been laid, and in addition to this, especially during the periods of nervous exa'tation and insensibility, his feet, ankles, knees, trochanters, sacral spines and ears, etc.—in fact, wherever there is pressure—must be protected by cotton-wool padding, so as to diffnse the pressure as much as possible. But in the lowered vitality and nearly stagnant circulation, or whilst the nerve-storm and

epileptic condition lasts, this is not enough. Even with all these precautions a bed-sore will form wherever pressure occurs, unless the patient be frequently moved, turned from side to side, or the point of pressure varied, in severe cases every hour by day, and every three hours by night, if the patient sleeps. The frequency with which the position is varied must be judged in each case. Special care in padding and frequent change of position are called for during epileptiform and apoplectic seizures, and for some days after their cessation.

The extremities must be examined from time to time and their temperature sustained, if necessary, by the application of warmed flannel or hot-water bags, carefully guarded. Hot-water bags, not bottles, must be used; the former act as padding and diffuse pressure, while the bottles, being hard and resisting, would soon produce the sore we dread so much.

I have made no reference to local astringents or other preventive measures beyond cleanliness and padding. Every medical man has his own favorite application. Most of these are good of their kind, so long as they do not divert our attention from the more general measures necessary, and conceal from view the actual condition of the skin till, perhaps, irreparable mischief has been done. Such, then, is the means by which the formation of bed-sores has been successfully avoided. Under gradually improved nursing and careful dieting, bed-sores became more and more rare, till they finally disappeared, I hope for ever, from the Royal Naval Hospital, Great Yarmouth. For a period of over four years, under various medical officers, there has been an entire freedom from these distressing complications, though there is a larger proportion of general paralytics here than in any other hospital in the United Kingdom. Some of these cases have been in a helpless, speechless condition, paralyzed in every limb and confined to bed for four or five years, yet there is not an abrasion on their skins, and they are free from all unpleasant odor, and have not become "dull, dirty and greasy despite ablution." Such success can only be attained by the hearty and intelligent co-operation of a staff of good nurses and attendants on the sick, who take a pride in their work and in the state of their patients. We are so fortunate as to have secured such co-operation in this hospital. It is always a pleasure to go into the wards and see the care and kindness so heartily bestowed on these most helpless and miserable cases. Should even a spot of redness appear on any prominent part the attendant is full of anxious thought and busy with little contrivances for the removal or diffusion of pressure, equally ready to carry out instructions or make suggestions such as a ward experience soon teaches any nurse worth having. For the prevention of bed-sores a good nurse, with the faculty for taking trouble largely developed, is, above all things, necessary.

I will not be so dogmatic as to say that bed-sores are always, and under every circumstance preventable. I can easily believe in such a profound trophic change or degeneration of the tissues, such a depressed vitality with molecular death before the heart and lungs cease to act, as indicated by a cadaveric smell days before life, at last, flickers out, that, do what we will, the epidermis becomes abraded, and the discolored, inelastic and already decomposing skin yields and breaks down before every touch. I have never seen a case like this, but I think I have several times seen a condition not far removed from it in the last twenty-four hours of the life of some of our general paralytics.

CLINICAL REMARKS ON A CASE OF HYSTERECTOMY.

BY G. GRANVILLE BANTOCK, M.D., ED.

[London Lancet.]

GENTLEMEN,—Those of you who were not in the secret were probably curious about the median linear cicatrix which was to be seen on the patient's abdomen in the position of the usual ovarian incision. The secret is this—viz., that I had performed oöphorectomy on this patient on April 6th, 1881. At that time she was in a state of profound anæmia, due to the presence of an intramural fibroid tumor of the uterus, and the operation was performed for the purpose of stopping the menstrual function, and of arresting the growth and causing the disappearance of the tumor. The uterus then reached to the umbilicus, its cavity measured eight inches, and the tumor encroached on the cervix. The operation was by no means an easy one. The left ovary with its tube was readily secured; but the right, which lay on the surface of the tumor, and was drawn out to the length of about three inches, was with great difficulty ligatured, together with its tube. The ligatures were passed as deeply as possible, and well behind all ovarian structure; but a portion of the ovary had to be left on the stump to prevent slipping. You see there is no trace of the stump or of ovarian tissue on this side. On the left side there is a small hygroma at the site of the stump (further examination revealed a small chronic abscess as large as a hazel nut kernel containing curdy pus). You see then that the tubes and ovaries were well removed. The immediate results of the operation were of the most remarkable kind. The operation was performed under a spray of plain water, and the case ran a most favorable course as regarded temperature and pulse, and the wound healed throughout by first intention. Within forty-eight hours metrostaxis set in and continued for several weeks, at times was very

free. Between the second and third weeks there was great tenderness of the spleen and enlargement to twice its normal size. In the course of a week the tenderness and enlargement had disappeared. At the end of five weeks the tumor had decreased so much in size that it extended very little beyond the pubic symphysis, and the cavity of the uterus measured only four inches. This was a result as gratifying as it was remarkable. Before she left the hospital in the seventh week the metrostaxis had ceased. She remained in London for another month, and I had an opportunity of watching the case. In about a fortnight she again began to lose blood, much to our mutual disappointment, and on examining her I had the further disappointment of finding that the uterus had again enlarged and was as big as ever. The only satisfactory part of the case was the general improvement that had taken place in the patient's appearance and the great diminution in the intensity of the hæmic murmur. For twelve months she continued to menstruate with tolerable regularity, and at times in only moderate quantity, and the improvement in her general condition was fully maintained, so that I then advised her to wait. Since, then, however, the flow has been more irregular and abundant, and her general health has deteriorated in spite of the very free use of iron, ergot, gallic acid, etc., and it will give you some idea of the extent of the loss of blood when I tell you that from the beginning of November till the middle of the month of January the discharge never ceased, and was even at times very excessive. Under these circumstances, and bearing in mind the very gratifying results I have recently obtained with my present method of operating, I felt justified in recommending the operation you have just witnessed. It will give you an idea also of the progress I have made in the management of these cases to mention that in the account of the former operation I made a note that "the removal of the tumor was impossible." With regard to the operation you have just seen, apart from the adhesion of the omentum to the cicatrix, it was not facilitated by the previous oöphorectomy, as the broad ligaments had been thereby shortened and tightened.

Now this case opens up an important question, which has been before us for the last two or three years—viz., the question of oöphorectomy versus hysterectomy—a question which this case goes far to settle. Some of you have probably seen or heard it recommended, even very recently, that we ought not to perform hysterectomy until oöphorectomy had been already tried and had failed. I must say that that is a proposition which, to my mind, appears both unscientific and irrational on the face of it, and which will be "more honored in the breach than in the observance," for I believe we are already in a position to determine which are the cases suitable for oöphorectomy and which for hysterectomy. Two years ago I thought the tumor could not be removed in this case. Again, in the great majority of the cases of large tumor the ovaries cannot be reached at all, or one may be within reach but the other not. Nor should we ever dream of resorting to oöphorectomy in a case of pediculated fibroid or large multiple fibroids. Experience has already shown it to be useless in these two classes. A very remarkable case occurred to me just a year ago. On Feb. 2nd of last year I operated on a patient whose case was in all respects the counterpart of the one under view. From the relations of the growth to the uterine cavity I dared not even contemplate hysterectomy in the first instance, and I proceeded to remove the ovaries and tubes. I first attacked the left side: there the ovary was closely applied to the tumor, but by dint of great pulling I managed to secure it and the tube by a double transfixing and circular ligature. On taking away the ovary, and in my anxiety not to leave any ovarian tissue in the stump—a needless precaution—I cut the stump rather short. In the handling of the tumor, to reach the other ovary, one-half of the pedicle slipped through, and no efforts of mine were of avail to secure the bleeding vessels. I was, therefore, compelled to turn out the tumor and perform supra-vaginal hysterectomy in the way you have just seen. Had I been so unfortunate, I may say, as to secure the ovaries to my satisfaction, the patient could not have been benefited by the operation, for the tumor had already undergone that peculiar kind of cystiform degeneration which you see so well illustrated in this specimen. In addition to that, there had been hæmorrhage within the uterine capsule to the extent of about two ounces, which, no doubt, accounted for the very high temperature the patient had soon after her admission. You can all imagine the probable result of leaving such a tumor as that.

It has been stated that the occurrence of retrostaxis after the operation is beneficial. Such it certainly *seemed* to me in this case when I witnessed the rapid diminution of the tumor, though it had the effect of prolonging the patient's stay in the hospital to a very inordinate length; but time has shown the fallacy of this idea. Nor has it received any support in other cases in my hands.

The operation of removing the ovaries, and as much of the tubes as you can—call it by what name you please—is based on the argument that you check the menstrual function and at the same time interfere with the nutrition of the growth. Mr. Lawson Tait contends that the menstrual function depends on the tubes, and not on the ovaries. That is a proposition I am not prepared to accept

and I shall await with some curiosity the evidence and arguments with which he supports his position. For the present I would content myself with pointing out that menstruation goes on when the tubes are completely occluded by acute and chronic disease, and with no more disturbance than can be much more rationally explained by the coincident state of the uterine body itself. We have yet to have explained the part played by the ovaries, and whence comes that peculiar influence—nervous or electrical, as you please—which determines the marvellous regularity of appearances, recurrence and cessation, at tolerably well-defined periods. And for the present I believe the ovaries play the most important part.

Great stress has been laid on the importance of cutting off the blood-supply through the ovarian arteries as a means of starving the tumor, and it has been urged that as this can be effected by oöphorectomy, we ought to prefer it to the more radical hysterectomy. Various well-grounded objections to this argument present themselves. We have to bear in mind that there are two sources of blood-supply to the uterus—viz., the uterine and ovarian arteries, of which the former are the larger. Then, according to a well-known law frequently taken advantage of by surgeons, when of two sources of blood-supply one is cut off, nature steps in and restores the balance, so that the nutrition of the parts concerned is maintained. In this specimen we have positive evidence that the nutrition of the uterus and tumor was not diminished, although both ovarian arteries had been cut off. Other cases in my hands also bear me out. Again, in the greater majority of cases of large tumors, it is impossible, as I have already said, to get at the ovaries. But that there are certain cases in which oöphorectomy should take the place of hysterectomy I am free to admit. Such a case is that of a small or very moderately sized intramural fibroid. In such a case oöphorectomy will, I believe, render us good service, and should be preferred because of its small risk. But when the tumor is large, I believe, oöphorectomy to be as dangerous as, and in some cases even more dangerous than, hysterectomy has now become under improved methods of performing the operation.

TWO CASES OF PLACENTA PRÆVIA.

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[British Medical Journal.]

The following are a few particulars of the second and third of three cases of placental presentation, occurring, singularly enough, in a rather limited midwifery practice within the space of three years. The first of these was that of a married woman, aged 30, to whom, in the absence of a brother practitioner, I was called on January 9th, 1882. She had one child three years before, the labor being a normal one, and since that time had enjoyed fairly good health. She was now in the eighth month of her second pregnancy, and, except that she had frequently suffered from attacks of mental depression, had been well up to this time, when labor pains suddenly came on, accompanied by severe flooding. She fainted while medical assistance was being sent for. On arriving, I found the os well dilated and relaxed. The hæmorrhage still continued, but the pains had ceased. The placenta was adherent round three-fourths of the cervix, and had evidently been partially torn away from the remaining fourth. A wineglassful of whisky was administered. Turning was easily effected, and a still-born child delivered, the head passing with some difficulty. Ergot was given, and a compress and bandage applied over the uterus. The mother, though extremely weak for some time, ultimately made a good recovery.

On the forenoon of March 3, 1883, I was called to see a dispensary patient, Mrs. S., a woman aged 32, the wife of a poor artisan, and the mother of seven young children. She stated that she was in the seventh month of her eighth pregnancy; that, up till a fortnight ago, she had been well, and assisting her husband in his work; that then, after carrying home a hundredweight of cork, she had been suddenly prostrated by a severe flooding, which had persisted more or less since; and that, this morning, she had again fainted from an active recurrence of the hæmorrhage. The midwife who had attended her in her previous confinements told me that, in all seven, she had had very easy labors, and was wont to get up, in defiance of her orders, and sit at the fireside immediately after delivery, nor had she ever suffered from this practice. So, thinking she would get better with a little rest, she had on this occasion delayed calling in medical aid till she was considerably reduced by loss of blood.

On vaginal examination, the os would scarcely admit the tip of the forefinger, and the cervix had a doughy feel. The hæmorrhage, though much less active, still continued, but there was no uterine contraction. The pulse was over 100, and very weak. Thirst was intense, and the patient was constantly having draughts of cold water for its relief. The clothes and bedding, which were drenched with blood, showed how profuse had been the previous hæmorrhage. There had been no fœtal movements perceptible for some days. The only article available for the purpose, a pocket handkerchief, was introduced as a vaginal plug; perfect rest and oft-repeated liquid nourishment enjoined; and a mixture containing sulphuric acid given to relieve the thirst. The midwife was also directed

to have a strict watch kept, in case of a return of the bleeding.

The same evening, about nine hours after, I was hastily summoned by one of the children, who said that her mother was dying. There had been another very severe attack of hæmorrhage, during which the patient fainted, and she was unconscious and pulseless when the midwife arrived. When I reached the house she had rallied somewhat, but was incoherent, and only partially conscious, calling on those around her to give her water to drink and to bathe her face and hands. Examination showed the os to be about the size of a crown piece, part of the placenta protruding, and the uterine tissue much relaxed. Finding the os so dilatable, and considering the persistent and severe discharge, and the likelihood of the child's being dead, I determined to attempt immediate version and delivery as the best chance for the mother's safety. The placenta was adherent all round the cervix save at one point in the right anterior quadrant, where it could be pushed aside by the fingers, the adjacent adhesions being torn by the hand as it was being passed up. The membranes being torn, a foot was grasped, but, owing probably to the small amount of liquor annii, version could not be effected. At this juncture, too, from the presence of the hand in the uterus and the efforts at a version, the patient roused up and threatened to get unmanageable, calling on her husband and ordering us to leave her. Chloroform was soon got, and a few whiffs sufficed to dispose of the patient's objections. Turning was then with difficulty enough effected, the left hipjoint being dislocated in the process, and a male child, which had evidently been dead for some time, delivered, continuous pressure on the abdomen being meanwhile exerted. Attached to the cord was only about a fourth part of the placenta, the remainder having got torn off as the child was being delivered. A full dose of ergot having been previously given, the uterus contracted firmly, and the bleeding ceased. The narcosis soon wore off, and all was well save the blanched look and the fast pulse resulting from the antecedent loss of blood. A compress and bandage were applied, and the uterus remained well contracted. After waiting for a time to see that uterine contraction was maintained, and directing that she should be kept perfectly quiet, and stimulants administered should she get faint, I left her. The midwife remained for two hours, during which the patient slumbered, waking once or twice and having a drink of milk and water. At midnight she was visited by the student who was to assist in the conduct of the case, and he found her still doing well. Three hours after, while her husband was watching by her, she insisted on sitting up to have a drink, and almost instantly swooned away in her husband's arms, expiring in a very short time, in spite of various efforts at stimulation. As too frequently happens in dispensary cases, the relatives, although pressed to grant a post-mortem examination, positively refused to do so.

As to the course of procedure in this case, delivery was urgently demanded, and I hoped that after this was effected, the patient would recover from the effects of the previous hæmorrhage. The buoyant mental condition of this patient presented a striking contrast to that of the two former cases of placenta prævia, with which I had to deal, where fits of despondency and gloomy forebodings were frequently present during the term of the pregnancy. Here the hopeful condition and habitual hardihood of the patient induced her to refrain from calling in medical aid till after a fortnight of severe hæmorrhage, thereby lessening her chances of recovery and increasing the danger of fatal syncope.

In 1881 Prof. Albert, the conductor of a surgical clinic in Vienna rivalling Billroth's, reported a case of incurable infantile paralysis on which he performed resection of the knee in order that the stiff limb might be more useful to the child than an utterly uncontrollable one. He has lately reported three other similar cases. (Centrblt. f. Chirurgie, October 21, 1882). The ages were 10, 13 and 22 months, respectively. Anchylosis was attained in reasonable time, though two of the cases needed appliances to stiffen the ankles, since their leg muscles were also paralyzed. In another case, a child 11 years old, whose thigh muscles were normal, but whose foot was useless, the ankle joint was opened and the cartilaginous surface of the astragalus and tibia removed, with the result of a useful limb.

The Pathology of Acetonuria.—Dr. R. Jaksch (Zeitschr. für Klin. Medizin) in an article on acetonuria gives the following classification (Canada Pract.): 1. Febrile acetonuria. 2. Diabetic acetonuria. 3. Acetonuria in certain forms of carcinoma, and 4. Acetonuria along with acetonæmia. He has on several occasions found acetonuria in cases of very lingering fevers. This condition is most marked in the morning urine as a result of the elevation in temperature of the previous afternoon. The continued fever

changes the glycogenic function in some way. In diabetes he has found this condition in the urine, without the same condition existing in the form of acetonæmia to any marked extent, there being no symptoms present of the latter trouble. In real cases of acetonæmia, acetons could be found in the urine. Of twelve examples of carcinoma, acetonuria was present in three, in one of the stomach, another of the œsophagus, and a third of the stomach and pancreas. He also found acetons in the urine of a patient suffering from hydrophobia.

The Renal Asthma that appears sometimes comparatively early in Bright's disease, Dr. Miles has frequently observed to consist in the alteration of the ordinary respiratory rhythm by the introduction of active, or forced expiration, giving the panting respiration of mental agitation (Md. Med. Jour.). The patient's speech is interfered with, because the respiratory act is precipitate and beyond its control. There is an abnormal excitement of the respiratory centres. This is sometimes accompanied with a feeling of anxiety and apprehension, sometimes not. It may come on in a moment and last but a short time, and be so little marked that the patient does not seem aware that he is breathing abnormally.

At the Session of the Paris Académie de Médicine a "frontal electric photophore" was presented by M. M. Helot and Trouvé (Revue Médicale). It consists of an incandescent lamp of the Swan pattern placed in a receptacle with a reflector behind and a condensing lens in front. This is fastened on to a head band by an universal joint like the ordinary mirror. A single cell of zinc-carbon elements in Trouvé's supersaturated bichromate fluid causes it to give out a vivid light. By its means a more brilliant illumination can be made of the fauces, etc., than in any other way. Trouvé's storage cell accompanying his "polyscope" might well be used instead of the other.

A Case of Melanuria, occurring in Von Bergmann's clinic, was reported by Dr. Zeller, of Berlin, at the twelfth congress of the German Surgical Society (Medical Record). The patient, a man forty-three years of age, was suffering from melanotic sarcoma of the skin, and died with cerebral symptoms six weeks after coming under observation. The urine was clear, of a dark brown color, and contained a large amount of hydrobilirubin. The coloring matter of the urine was referred to two sources: one was the coloring matter of the blood or bile, the other the substances formed in the digestion of albumen in the intestines.

BOOKS AND PAMPHLETS RECEIVED.

The Microscope and Its Revelations. By William B. Carpenter, C. B., M. D., LL. D., etc Sixth edition. With twenty-six plates and five hundred wood engravings. Vol. 1. Pp. 388. New York: William Wood & Co. (Wood's Library of Standard Medical Authors.)

Therapeutic Handbook of the United States Pharmacopœia; Being a condensed statement of the physiological and toxic action, medicinal value, methods of administration and doses of the drugs and preparations in the latest edition of the United States Pharmacopœia. By Robert T. Edes, A. B., M. D. (Harvard), Fellow of the Massachusetts Medical Society, etc. Pp. 403. New York: Wm. Wood & Co.

The American Citizen's Manual; Part II. The functions of Governments (State and Federal). By Washington C. Ford. Pp. 184. New York: G. P. Putnam's Sons.

Insanity; Its Causes and Prevention. By Henry Putnam Stearns, M. D., Superintendent of the Retreat for the Insane, Hartford, Conn., etc. Pp. 248. New York: G. P. Putnam's Sons.

Alcohol; Alcohol as a food, a medicine, a poison, and as a luxury. By George C. Pitzer, M. D. Reprint from author's forthcoming work on Direct Medication. Pp. 46 to 61, inclusive.

The Diseases of Women. A manual for physicians and students. By Heinrich Fritsch, M. D., Professor of Gynecology and Obstetrics at the University of Halle. Translated by Isidor Furst. Illustrated with 150 wood engravings. New York: Wm. Wood & Co. (Wood's Library of Standard Medical Authors.)

An Index of the Practice of Medicine. By Wesley M. Carpenter, M. D., Assistant Pathologist to Bellevue Hospital, etc. Pp. 304. New York: Wm. Wood & Co.

The Weekly Medical Review.

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The Illinois State Medical Society has recently finished its thirty-third annual meeting, a report of which will be found in this number. As several of the more interesting papers have been promised for the columns of the Review, we make our report shorter than we otherwise should do. The meeting was marked by harmony and good fellowship. There was only noticeable a tendency on the part of the older members to speak when they had nothing to say. This was especially the case the first afternoon session, when the whole afternoon was wasted in a tedious, but good-natured wrangle concerning the merits of venesection. This is always unfortunate. Such discussion does no good; it shakes no one's preconceived notions; it does not alter fixed convictions. If this afternoon session had not been thus frittered away the Society could have adjourned Thursday noon, whereas that was impossible. A mistake was made by the committee in not assigning a fixed hour for each report, and allowing no deviations from this programme. Several committees of one, who should have reported, made no appearance. This was wrong. When an individual asks to be so appointed, common courtesy should compel him to be present or show cause. The President, Dr. Darrah, made a very excellent presiding officer, and saved much time for the Society that it might otherwise have lost. Peoria is an attractive and live city, and the committee of arrangements, aided by its citizens, did all in their power to make it pleasant for the visitors. A carriage drive and a promenade reception were tendered, and were both enjoyable. The objection is often raised that a scientific society should indulge in no purely social amenities or festivities, but we can not feel that medical men are any worse scientists because they can dispose of elaborate refreshments, nor any the less human because they do not object to the beauty and society of the other sex. Our only objection would be that it might be regarded as a tax on the profession of each meeting place to feel that they must entertain their visiting brethren, sometimes at no small expense to themselves, especially when their own numbers are small. So we should heartily welcome the principle of letting each man pay for himself, much as German students do. The editor of the Peoria Medical Monthly, Dr. McIlvaine, displayed commendable energy in getting out a brief daily edition. The doctor deserves all the success he is evidently meeting with.

Attention was Called in a recent number of the Review to the treatment of angina pectoris with nitrate of sodium, as advised by Dr. Matthew Hay, who thought that the benefit derived was due to the contained nitrous acid. The doctor has since had his opinions confirmed as to the value of the sodium salt in other cases, and with the object of establishing the fact that the nitrous acid was the active remedial agent, he has been testing the value of other nitrites, and some compounds closely related to the nitrites, in the same disease (Practitioner, May, 1883). From his recent experiments, and from those with nitrite of sodium, nitrite of amyl, and nitro-glycerine, reported in a former paper, he "draws the conclusions that nitrous acid in any combination, whether as an ether or a metallic salt, is useful in the treatment of angina pectoris; and that in the case of nitrite of amyl the action of the acid is aided by that of the base. On the other hand, all

compounds of nitric acid, whether ethereal or metallic, are without effect, unless it so happens that the constitution of the nitrate is such that it decomposes in the body with the liberation of nitrous acid. Further, nitro-substitution compounds have likewise no remedial effect." In conclusion he says, that "so far as at present known the nitrogen-containing remedies for angina pectoris may be divided into two classes, the one consisting of combinations of nitrous acid with metallic oxides or alcoholic radicals, the other comprising a peculiar class of nitric ethers, obtained from the higher alcohols, whose decomposition within the body results in the production of nitrous acid. In both classes the action of the compound is ultimately dependent on the nitrous acid present. Typical examples of the first class are nitrite of sodium and nitrate of ethyl, and of the second class nitroglycerine. To these classes might be added another containing such substances as compounds of amyl, whose action is similar to that of nitrites. But, limited as this group at present is to compounds of amyl, it is not one to be chosen in the treatment of angina pectoris. The dose required is large and the action is not rapidly produced, and disagreeable after effects are apt to occur."

In George Flemings' Animal Plagues from B. C. 1490 to A. D. 1800, we read (Sanitarian): "In Bavaria, according to Wirth, there appeared an epizooty among horses; it was a putrid disease, accompanied by malignant quinsy and nervous fever; all the thoracic organs were involved." A malignant epizooty appeared in the French West Indies, or Antilles, and spread to the island of Grenada in a most severe form, which Heusinger says is the only epizooty of the kind in which the concomitance of malignant angina in man can be placed beyond a doubt. Chrisholm also says: In 1873, in the West Indian Island of Grenada, a very singular coincidence took place. Late in the year, cynanche maligna (scarlet fever anginosa or diphtheria) appeared in several parts of the island for the first time. The symptoms were most violent and rapid. But the circumstance which gave the greatest singularity to the disease was its concomitancy with a contagious distemper of a very extraordinary nature — an epidemic among the cattle (horses) and mules in the same parts of the island, wherein the cynanche maligna appeared. Both were new and unknown, and both were concomitant, insomuch as to render it difficult to perceive whether they proceeded from a cause, common to both, or whether the cynanche was an effect on the human race of an imported contagion, which seemed *peculiarly, in the first instance*, to affect the mules and horned cattle. * * * Sometimes a swelling of the glands of the throat formed a large tumor, which might be perceived for some days before death. This swelling sometimes suppurated. On dissection, the whole course of the trachea and œsophagus was found inflamed or almost gangrenous. * * * The flesh of the cattle that died, being dug up by the negroes, proved most dreadfully septic. * * * It will also be considered a very extraordinary fact that the cynanche maligna in man disappeared a short time after the lues bovina (et equina). Dr. J. Stewart says: "In Barbadoes it assumed the same alarming aspect and produced the same devastation among cattle (mules and horses), and gave rise to similar consequences. Among the human race we have found it markedly in Grenada. The learned historiographer of Barbadoes, the Rev. Mr. Hughes, also describes the disease and its conveyance to human beings, both by contact with the diseased and by eating their flesh and drinking their milk. After the great volcanic eruption in Iceland in 1783, a plague arose, in which 10,000 human beings, 28,000 horses, 11,000 cattle and 190,000 sheep perished. The ashes and sulphurous dust destroyed all the herbage and reduced poisonous plants like ranunculus acris to dust. In animals the feet, thighs, hips, arms, throat and head were most dreadfully swelled, especially about the ankles and knees; disgusting sores

formed on the palate and throat and tongue; one kidney would often be greatly enlarged and the other shrivelled. An epizootic appeared in Picardy, described by Vicq. d'Azyr, originating in marshes. The heat was intense; the damp soil was dried up; the putrefying plants and insects exhaled a foul odor, and the people's cattle inhabiting the vicinity of the morass were generally affected. In animals the nose was excoriated; the mouth covered with foul matter; the parotid, maxillary, axillary and sub-lingual glands were inflamed. The trachea always contained a large quantity of foamy mucosites, in which concretions similar to broken-up membranes were mixed; the lining membrane was often inflamed. In 1778 scarlet fever and epidemic angina in mankind were very prevalent in many countries, but particularly in England and Holland, and an epizooty among cattle, horses, asses, goats, pigs, etc., appeared. In 1777 scarlet fever was epidemic in many countries, and in England and France was complicated with maliguant sore throat and diphtheria. In March of this year angina gangrenosa developed itself among horses — commenced in a single horse, Brughone says; next day, two more in a regiment of dragoons; next day ten had sickened; next day three; next day only one; next three; next four; next three. Out of thirty-six horses, twenty-five were attacked; eighteen died; eleven remained unaffected. A great quantity of viscid saliva issued from the fauces. There flowed from the nostrils a matter, first white, then yellowish, which adhered to the nostrils and formed clots or scabs around them and lower part of the face. The difficulty of swallowing was very slight, and if the opening of the dead bodies had not shown the seat of the disease, there would not have been the slightest suspicion of *strangles*, or that which had been named by veterinary surgeons esquinancy, or angina. The fauces, tonsils, soft palate, and all around the pillars and chief points of the pharynx were all truly sphacelous. The other membranes were filled with a yellow gelatinous substance, occupying the soft palate, the cellular tissue of the adjacent parts, and extending a long way on the exterior of the trachea and œsophagus."

The Late Professor Friedrich shortly before his death had prepared a paper on Cauterization of the Clitoris in Hysteria, which has since been published (Med. Rec.). In many cases of obstinate and severe hysterical affections he has found that cauterization of the clitoris by nitrate of silver has had the most beneficial effects. The cauterization must be severe, as slight superficial cauterization tends rather to aggravate the disease. The pain is at first severe, and during it the patient must remain quiet in bed. Among the cases which he gives as cured with extreme rapidity by this method are—one of paraplegia, which had lasted for a year and a half; hysterical aphonia, lasting for two years; glossoplegia, lasting for four months; tonic spasm of the spinal accessory, lasting for seven months; and several cases of general severe hysterical convulsions.

It is Stated by Jorisenne that while a change in the radial pulse, varying from ten to twenty beats, takes place in non-pregnant women on change of posture from standing or sitting to lying down, no difference is noticed in pregnancy, no matter what position may be assumed. He regards this as an important sign by which the diagnosis of pregnancy in the first month may be established, though there may be no other symptom present.

The Indiana Medical Journal relates the following compliment paid Dr. Ferry by an Irishman, who credited the doctor with saving his life: "You see, sur, I had a complication of diseases, an' two other doctors did be working on me for some time, an' I was in a mighty bad way, an' the two doctors they gave me up an' wint away, an' me friends they sint for Dr. Ferry, but he had another engagement an' didn't come—and that's how I got well."

At the Twelfth Congress of the German Surgical Society, Dr. Küster read a paper on the use of iodoform in ovariotomy (Medical Record). At the conclusion of the operation, the abdominal cavity having been thoroughly cleansed, all the presenting portions of the intestine were wiped with a sponge which had been dipped in iodoform and then shaken to remove all excess of the powder. The peritoneum was by this means covered by a fine layer of iodoform, enough to insure antisepsis, but not enough to cause trouble by absorption. An iodoform tampon was also placed in the vagina. The patient's recovery was rapid, no inflammatory reaction taking place. He also recommended iodoform in collodion as an application to wounds, where the ordinary dressings could not be retained without difficulty.

Extirpation of Bronchocele and its results was the subject of a paper read by Dr. Kocher, of Berne, at the Twelfth Congress of the German Surgical Society (Medical Record). The author remarked that the main difficulties in the operation were the avoidance of injury to the recurrent laryngeal nerve and the arrest of hemorrhage. He thought it best to ligate the veins before the arteries, and in regard to tracheotomy he considered it a harmful procedure, only justifiable in threatened suffocation, as incision of the cartilages tends to increase the bending of the trachea which the lateral pressure of the tumor causes. He did not think it advisable to remove the whole of the swollen gland, especially during growth, as he thought it would be injurious to the organism, believing that there was some relation between such a radical measure and cretinism or idiocy. Unfavorable results of the operation showed themselves in a feeling of weakness, constant chilliness, slowness of speech, of thought, and of movement, with œdema of the hands, feet, abdomen and especially of the face. The latter gave to the patient the appearance of one suffering from Bright's disease, though there was no albuminuria. Microscopical examination showed a high degree of anæmia. He gave to this group of symptoms the name *cachexia strumipriva*, and held that while the anæmia following extirpation of the spleen was temporary and appeared immediately, this cachexia strumipriva was a progressive pernicious anæmia, and came on sometime after the operation. From this he draws the conclusion that the thyroid gland is a blood-producing organ, or at least aids in the formation of blood. He thought also that it possibly was a regulator of the cerebral circulation. The atrophy of the trachea, which follows the operation, he thought probably due to ligation of the superior and inferior arteries. His conclusions were based on a study of one hundred and two operations.

At a recent meeting of the London Pathological Society Mr. Barwell showed a specimen of persistent ovi—vitelline duct causing intestinal obstruction. The patient was a boy, aged ten, taken with symptoms of acute obstruction. The bladder was relieved of its distension and the usual treatment adopted. This failing the abdomen was opened, and the finger then felt a hard, tight body passing from the middle of the abdomen to the right iliac fossa; it was found attached at the umbilicus; on incising it fæcal matter escaped. Recognizing it as a persistent ovi-vitelline duct, it was tied in two places and divided. The boy died in thirteen hours, and it was found that the diagnosis was correct. He was not aware of any previous case in which this condition had caused intestinal obstruction.

In 1881 Nicoladoni, then of Vienna, now professor in Innsbruck, made what he called a transplantation of tendons for club foot, caused by paralysis. He united both peroneal tendons with the tendo Achilles, after having divided them from their proper muscles. The wound healed by first intention. It was very evident that the improvement was great, since the position of the foot was greatly improved and the patient could go about with much less difficulty aad more certainty.

An interesting Article describing the properties of the new remedy, ichthyol is communicated to the Deutsche Med. Zeitung by Dr. P. G. Unna, of Hamburg. It is an easily soluble substance, very volatile, of strong odor, containing a large proportion of sulphur, which on heating readily divides into $H_2 SO_3$, S, etc. It had been in popular use before its employment in diseases of the skin. Dr. Unna has used it in all forms of acute and chronic rheumatism and considers it an antirheumatic of first rank, there being no other external remedy of similar efficiency. He uses it with vaseline in a strength of ten per cent and more, brushed on the painful joints twice daily, and keeps the limbs in the mean time wrapped up in cotton. It has an analogous action with horses suffering from stiff joints, as has been reported by several veterinary surgeons. It has also been employed with benefit in lumbago, bronchial, nasal and laryngeal catarrh (inhalation of two per cent solution), and in angina it is applied either with the brush or as spray. In parasitic diseases of the skin it is of benefit. The doctor has not yet employed it internally, but thinks it indicated in mild catarrhs, in hemorrhoids and parasites of the intestines. Of the undesirable action of ichthyol the writer mentions a general and local hyperhidrosis. It tends to increase the thickness of the skin, hence its beneficial effect in eczema, and so produces eruptions of miliaria. To counteract this the doctor recommends the powdering of the parts after applying the remedy, to facilitate the rapid absorption of perspiration, or by adding mildly macerating preparations, such as lime, for instance: ℞ Ichthyoli, 10.0; ol. olivæ, aq. calcis, aa 100.0. M. S. To be well shaken before using, or, make a pause and intercurrently use warm baths made by means of sand, spent tan bark or white bolus, with the addition of a little soda.

Ichthyol (Monatsh f. Pract. Dermat.) is a substance which looks like tar, has a peculiar herbaceous odor and is of the consistency of vaseline. It is partly soluble in alcohol, partly in ether, and wholly in a mixture of both. It can be mixed with vaseline or fat in any proportion. It contains a large per centage of oxygen and ten per cent of sulphur. The healthy skin is not irritated by it, while it has a very beneficial effect in all forms of eczema, and is to be used in gradually weaker strength as the eczema heals. In grown persons with papulous eczema it may be used as strong as fifty per cent at first. The itching and pain are relieved and soon the surface becomes dryer and paler. It may advantageously be combined with salts of metals, as it does not form any sulphur derivatives with them. Ichthyol is made from a bituminous mineral, found in the vicinity of Seefeld in Tyrol. The color of the rock is light to dark brown, and it contains from ten to sixty per cent of bitumen. In the neighboring layer a great many impressions and petrifactions of fish are found, so that the Geologist, Prof. v. Fritch, expressed the opinion that the bitumen contains the remains of antediluvial marine animals and fish. At any rate, from this discovery the preparation derives the name ichthyol. The mineral is subjected to a dry distillation, and a tarry product obtained, which, after careful cleansing, is treated with concentrated sulphuric acid; the sulphate produced is the substance under consideration.

In Making his Usual Operation for hydrocele—free incision—Volkmann has twice met with singular complications (Centrblt. f. Chirurg. 47. 1881). Once above the distended tunica vaginalis there was a large separate hydrocele of the cord. This was likewise freely incised, a drainage tube put into each cavity, and each speedily healed. The other was an extraordinary case, where all around the ordinary hydrocele sac were almost innumerable small cysts. After opening thirty of them he concluded to remove the whole mass. Multiple cysts have been found inside the tunica vaginalis, or on the cord, but surgical literature does not contain another case like this. These cases were two out of a total of one hundred and thirty-one, operated on by the free incision up to the middle of 1881.

A Boy, aged Ten, of Great Brickhill, Beds, whilst engaged in fishing, held in his mouth a fish-hook attached to a piece of gut, and accidentally swallowed it (Lancet). He was admitted to the Bedford General Infirmary eleven hours after the accident, under the care of Dr. Goldsmith. The only subjective sympton, on admission, was pain over the episternal notch. Half an inch of gut was seen protruding from his mouth; and, on following the gut backwards with the finger, the motion conveyed to the touch was that the hook lay somewhere in the windpipe, but the boy had no cough, no dyspnœa, and his voice was perfectly clear. On applying gentle traction to the extremity of the gut, great resistance was felt. This was, consequently, discontinued and chloroform administered. A piece of silk ligature was tied to the end of the gut, and to the extremity of the silk a fine wire was attached. A traveler fourteen inches long was then passed along the twisted chain of iron wire, silk, and lastly gut, down the œsophagus. It, however, proved to be too short to reach the hook. It was, therefore, withdrawn and a full-sized œsophageal bougie substituted for it. This passed with perfect ease until it reached the bend of the hook: here, slight resistance was felt, which was easily overcome by pressure. During this part of the operation the bougie touched the cardiac end of the stomach and vomiting was induced, although the insensibility was nearly complete. The bougie was kept in position and the wire tightened. Both bougie and hook fixed at its extremity were carefully withdrawn without any further trouble. The hook proved to be a No. 6 perch, and the gut was nine and a half inches long.

The Extraordinary, it might be said appallingly, prevalence of short-sightedness among German children is again made strikingly apparent in the facts recently collected by Prof. Pflüger. Of 45,000 children in schools of all grades lately examined, more than half were found to be suffering from short sight, while in some schools the proportion of the short-sighted was 70.80 per cent; and in one—the Gymnasium, at Heidelberg—there was actually not one scholar with good sight. The number of naturally short-sighted students, on the other hand, is only ten per cent, so by far the greater part of the mischief is due to mismanagement. Among the causes of the evil on which Prof. Pflüger lays most stress are badly-lighted school-rooms, ill-contrived desks and forms, and, above all, excess of study and too little exercise. In the upper-grade schools of Germany, where the work is much the heaviest, the proportion of short-sighted students is far the greatest. It has been said that the almost universal use of eyeglasses by German university students was in a measure due to a silly affectation, and the students themselves have acknowledged that this was formerly the fact. But by this time affectation has doubtless been superseded by necessity, for the rapid increase of the visual defect has been its most striking feature.

In the Review for March 15, 1882 (p. 133), we printed an original communication on Pulsation of the Abdominal Aorta as mistaken for Aneurism. Recently, at a meeting of the London Medical Society, Dr. Wiltshire read a paper on the same subject, which we condense as follows: Abdominal pulsations occur more frequently in females than in males, aneurisms likewise. It rarely occurs before child-bearing, and when it does it usually arises from impoverished blood, but may be due to tumors or cardiac disease. It becomes more frequent toward and after the change of life, and may then arise from various causes, which may be grouped thus:

Affections of the Vascular System.—1. Cardiac lesions, e. g., aortic regurgitation. 2. Arterial lesions—degenerative changes, such as calcification, atheroma, etc., sometimes secondary to renal disease, aneurism, vaso-motor disease, peripheral spasm, pressure on the aorta. 3. Blood changes—anæmia, hydræmia, chlorosis, hypinosis, various cachectic states.

Extra Vascular Affections. — Pulsatile tumors of the liver, spleen, stomach, omentum, mesentery, kidneys, etc., notably if malig-

nant; tumors lying over the aorta like horse-shoe kidney, movable kidney, pancreatic growths, purulent collections, sarcomata, fæcal collections, messenteric cysts; neurotic affections, as from fright, shock, disappointment, anxiety; Addison's disease; climacteric disorder.

Diagnosis. — Careful physical exploration of abdomen, thorax, pelvis. Inquiry into general condition, particularly of the blood.

Treatment. — Dependant upon cause. Vascular sedatives generally helpful; e. g., potassium iodide, bromide, etc. Blood impoverishment to be amended. Laxatives are usually indicated.

Sir Henry Thompson has recently reported in the Lancet fourteen cases of digital exploration of the bladder, in six of which vesical tumor was removed. His method was that already noticed in the pages of the Review, of a limited incision of the perinæum carried to the membranous urethra only, and sufficient to enable the index finger to be carried to the neck of the bladder, after which by supra-pubic pressure under complete anæsthesia the whole interior of the bladder might be examined by touch and its condition determined. The operative part of this procedure is old, but the combination of operation, anaesthesia, supra-pubic pressure and exploration is new. Moreover, when necessary, any growth recognized may be removed at once without further operation. Within two years and a half he had met thirteen cases of obscure vesical trouble in the male in which he deemed it right to make a digital examination; to this number he adds one in the female. Among these fourteen cases six were found to be present growths of various sizes and shapes, one almost filling up the bladder. Two of the cases died; one from which he removed a sacculated polypus died from exhaustion; the other one had an immense growth in the bladder, and sank from uncontrollable hæmorrhage. With these exceptions the cases were all most positively benefited by the operation, and nearly made definite recoveries.

A Noteworthy Instance of the evil influence of atmospheric impurity on the mortality from lung diseases appears in the last report on the health of Salford (Sanitary Record). Dr. Tatham has been at some pains to compare the mortality from this cause in his district with that of one similarly circumstanced, but which is not exposed to the deleterious influence of a smoky atmosphere. For the purposes of comparison, Dr. Tatham selected a group of districts situated in Mid-Cheshire, not more than a few miles distant from Salford, and containing at the last census a population of 136,000 persons. During the four years 1878—81, the annual rate of mortality from lung disease was 334 per 100,000 in Mid-Cheshire, and 598 in Salford. The conditions of life in the Cheshire districts are not superior to those in Salford, with the one exception that the atmosphere is less contaminated by smoke. The people generally are not more prosperous or better fed, and the climate is certainly not warmer, so that the extreme difference in the mortality from respiratory disease may be assumed to be mainly, if not entirely, owing to the smoke nuisance.

A Correspondent of the Medical Press and Circular writes (Med. Age): There is a symptom of gastric disturbance in children which I have never yet seen mentioned in any text-book, French or English, and yet it is almost invariably constant and generally to be met with at the debut of the affection, so that it may be considered as a pure premonitory sign, I mean that of the breath, which smells as if the child had freely inhaled chloroform. I have always found that this "chloroform breath" not only commenced with the gastric disturbance, but continued during the whole period of the malady, and that its cessation indicated also a cessation in all the other general symptoms, fever, vomiting, etc., and consequently a return to health. I have remarked this peculiar odor in children of every age, and once in a grown up person, it was then very strongly marked. I do not pretend to be bringing to light anything new, but I have never heard this peculiar symptom allu-

ded to anywhere. In gastric derangement, or embarras gastrique as the French call it, the breath has always been described as possessing a heavy odor, but that is very different from the chloroform smell, which is sometimes so pronounced as to be liable to induce the medical man to believe that the patient had been using the anæsthetic.

Deibel has Described an operation which Langenbeck performed on a cancerous thyroid gland (Inaug. Diss., Berlin). A portion of the right internal jugular vein was excised, and then the pneumogastric nerve was cut, without apparent effect on the pulse, only the respirations became deep and irregular. It soon became necessary to ligate the carotid so close to the innominate that Langenbeck decided to ligate it also before its division. After that the pneumogastric was a second time divided, and finally a ligature was thrown around the subclavian close to its origin. In doing this the pleura was accidentally opened with immediate cyanosis and dyspnœa. The trachea was instantly opened and a long canula introduced, after which, the respiration becoming regular again, the extirpation was proceeded with. After eight hours the patient died of œdema of the lungs.

Gunsberg has treated angina pectoris (Revue Médicale), when due to a neurosis of the cardiac nerves, by cold compresses placed over the chest. They produce at once a diminution in intensity of pain and force of the heart beats. They succeed best in young subjects. In older persons heat may be substituted for cold. In conjunction he would give opium and belladonna every four hours. He has never employed hypodermics of morphine over the precardial region, but thinks they might be of advantage. He recommends gymnastic exercise as of especial benefit.

Chiari has had opportunity to examine the nasal cavity of two patients who had uncomplicated ozaena, but who died of intercurrent maladies (Virchow's Archiv.). He found, just as others have, everywhere a tendency on the part of the mucous membrane to change into connective tissue, an atrophic process. The endarteritis obliterans which Fraenkel has described was not present in his cases, but there was thickening of the adventitia with narrowing of the vascular calibre. The glands were infiltrated and degenerated. Fatty degeneration of the previously infiltrated mucous membrane was everywhere present. The analogue to this is the callous stricture, or xerosis of the conjunctiva; moreover they are all almost always preceded by a blennorrhœa.

Mr. Savory, of St. Bartholomew's Hospital, in a recent surgical note on the treatment of enlarged prostate, advocates (Lancet) the passage of a full-sized silver catheter and its retention for an hour or more. He considers this very different from the plan of retaining a cather, of tying in one for several days, as practiced for relief of distention, paralysis, etc. He thinks its pressure for a short time stimulates absorption of some tissue. It is known that when comple retention occurs it frequently happens that the introduction of an instrument is followed by temporary return of power to micturate; in other cases the occasional passage of an instrument will for a while restore the ability to empty the bladder without help. The plan above proposed is then a judicious one.

In the Eight Years from 1873—1881, in Prof. Gussenbauer's clinic in Prague, there were admitted 560 reducible hernias and 164 incarcerated. It was found in accordance with Bardcleben's experience that inguinal hernia was seven times as frequent as femoral. There was moreover a certain periodicity about the cases, as during the harvest season when work was harder and there was plenty to eat and drink, the cases were more frequent. In seventy-five of the cases of incarceration reduction was accomplished; of these two died, as it was found, on account of incomplete reduction. Under the use of antiseptics it was found that the mortality after operation was very much smaller than previous to their use.

CONTRIBUTIONS.

MALARIAL AMBLYOPIA.

BY JNO. D. S. DAVIS, M. D.
[Of Birmingham, Ala.]

Amblyopia results from quite a number of causes, and in consequence the name given to the different forms of the disease is derived from its exciting cause. For instance, we observe tobacco amblyopia, resulting from the excessive use of tobacco; menstrual amblyopia, resulting from derangement of the menses; amblyopia potatorum, resulting from excessive use of alcohol; and uræmic amblyopia, a form of the disease due to uræmic blood poisoning, which occurs in Bright's disease. There is also a form of amblyopia which is produced by malaria, and it seems but right and proper that this peculiar form of the disease should be particularly identified with its cause; hence I have termed it malarial amblyopia. There are good reasons for so designating it, the chief one being to call the attention of the practitioner to the fact that it is possible to have blindness produced by malaria, and that the disease is amenable to treatment, and that nearly or quite all of these cases are cured by anti-malarial remedies. The symptoms presented in malarial amblyopia are not uniform. The defect in vision may vary from a slight impairment, which is just sufficient to inconvenience the patient and to make any strain on the eyes painful and to render close or fine work impossible, to that of almost complete blindness, where there is simply enough perceptive power to enable the patient to distinguish day from night. The photophobia that is sometimes present is generally an insignificant symptom. Blindness in these cases is seldom continuous, but is intermittent—the length of time between the blind spells varying from a few minutes to one or two or three days, intermitting with the fever if fever be present. The blindness may be produced during the time at which the fever makes its appearance, and the vision be totally impaired for the time being, and then disappear with the fever and return regularly with it. Pain is not an essential feature in all cases. When present, however, it may be a burning, smarting sensation about the lids, with a dull heavy pain in the back of one or both eyes, and where this kind of pain is present it is generally in both eyes. The pain is sometimes deep-seated and the globe sensitive to the touch, and while it may be confined to one eye, both eyes, are usually in a similar condition.

The conjunctiva is usually more or less congested; but there is no mucus or pus present in these cases, and this form of ophthalmia could not be confounded with muco-purulent or purulent conjunctivitis. The course of the disease is irregular; some cases are stubborn and last for months, while others are only temporary. But we have the great satisfaction of knowing that all of the patients thus affected recover; and, furthermore, it is equally gratifying to the practitioner to know that he is quite as competent to treat these cases as the specialist. Below I give an account of some cases which present many of the prominent symptoms met with in malarial amblyopia:

Case 1. — June 12, 1880, I was called to see the daughter of Mr. R., aged thirteen years, who had enjoyed excellent health until April previous to the time that I was consulted. She dated the commencement of retinal disease back to a period when she had malarial fever, and said she was quite sure that the eyes were in perfect health and in good condition up to that time. When I saw her she was suffering evidently from malaria, as many of the symptoms to prove it were quite prominent. She was very much reduced in flesh and quite anæmic, and suffered with fatigue in the eyes themselves (asthenopia), which rendered it impossible for her to continue her studies at school. The asthenopia continued, and in a short time deep-seated pain in both globes was developed, and in a few days became so severe as to prevent rest without the aid of a hypnotic. There was great intolerance of light with but little conjunctivitis. The globes were sensitive to the touch. The tension was a little above normal, but not sufficient to indicate the presence of glaucoma; and just here I will say that the absence of the extreme tension which accompanies glaucoma enables us to exclude that disease in malarial amblyopia. Dr. J. B. Robinson saw the case with me, and ophthalmoscopic examination showed the retinal vessels to be in a state of extreme engorgement; the veins were large and tortuous, the arteries were turgid, but there was no visible pulsation in them. She complained often of seeing flashes of light, was extremely nervous and irritable, and continually had headache and backache. The appetite was extravagant, with bowels loose and digestion poor. I was quite sure that the patient was suffering from the influence of malaria, and the treatment was plainly indicated. This consisted in quinine and iron, with nothing more than anodynes sufficient to quiet and produce rest. I applied nothing locally, and right here I will say, that while I sometimes instill solutions of morphia in the eyes I confess that I believe no benefit is ever derived from it, and that solutions of atropia cannot possibly do any good, and its application only inflicts punishment upon the sufferer. Solution of eserine does no good, and is highly objectionable on account of producing a feeling of extreme tension and muscular twitching of the lids. In cases where

the application of something is desired, cold water applications — as a placebo only — may be used. Much pain was experienced along the course of the infra-orbital and supra-orbital branches of the fifth nerves. These attacks were periodical, and the use of quinine promptly arrested them. At times the pain was so much modified as to cause scarcely any inconvenience; yet it was evident that time was a very important feature in the management of the case, and in consequence of that fact she was advised to go to St. Clair Springs, Ala., and continue the iron. After a few months she had grown stout, when the pain disappeared and the vision gradually improved until it was perfect, and there has been no disturbance since.

Case 2. — This case was seen March 12 last, and was a male, twenty-four years old. He consulted me for chills and continued pain in back part of eyes, as he expressed it. Upon a thorough examination I found him suffering from intermittent fever, recurring every third day. And at the time his fever was present he complained of great pain in the globe of both eyes, which only partially diminished in the intermission of the fever. During the intermission he would often press on the left eye, and said that it felt very full and ached severely. Ophthalmoscopic examination revealed a congested retina. There was no conjunctivitis present. Quinine and nox vomica were used freely for thirty days, when the patient was dismissed with no symptoms of eye trouble or appearance of chills.

Case 3. — On April 1st last I was called to see Ida M., aged twelve years, rather sparely built. She had been in school, and found it impossible to continue her studies on account of her eyes giving her great pain. She said there was continually something passing in front of them. The globes were very tender, with considerable hyperæmia of the retinæ. There was considerable pain in the right hypochondriac region. In short, I found the patient a victim to malaria, with the eye trouble as a complication. The treatment of quinine and iron was resorted to with perfect satisfaction. I saw the patient to-day, the 18th of May, in school, with perfect vision, and having no trouble with her eyes at all.

I am aware that many of the suggestions in this article may appear trite, but it must be remembered that our authorities can claim nothing. If it arouses public attention to the necessity of more accuracy in the record of malarial amblyopia cases it will have served its purpose. If it seems to be dogmatic in style, it is because of the amount of compression necessary to condense the facts within the limits of a journal article.

SOCIETY PROCEEDINGS.

ILLINOIS STATE MEDICAL SOCIETY.

33rd Annual Meeting, Peoria, May 15 and 17, 1883.

(Reported for the REVIEW.)

The meeting was called to order at 10 A. M., by the President, Dr. Darrah, of Tolono.

The Chairman of the Committee of Arrangments, Dr. J. Murphy, then made an address of welcome, which was pleasantly responded to by Dr Hill, of Bloomington. After the usual routine business and assignment of time the President delivered the annual address. This was largely statistical, dealing especially with the State Board of Health. The usual allusions to the code were made. He also discussed the reason why such a small percentage of the regular practitioners of the state were members of the society.

AFTERNOON SESSION.

DR. N. S. DAVIS, Chairman of Committee on Practice of Medicine, read his report. He called attention to the growing tendency to devote too much attention to the action of new remedies, losing sight of the most important features of etiology and pathology. Still, when speaking of the relation of bacilli to tuberculosis, he could not help casting grave doubts as to the correctness of the present views, which ascribe to them the chief etiological position. He thought not nearly enough observations had yet been made. Going on to consider the power of germicides to destroy micro-organisms without injury to the life of the patient, he alluded to Sternberg's researches as proving that we as yet have no agent which can do this. Thus with alcohol, to introduce a sufficient quantity into the body of a man of 160 pounds to make any impression on the micro-organisms in his blood would be to administer *three quarts*, which would be more than the most enthusiastic advocate of that drug would be willing to give.

Again, in the treatment of disease there was too great an inclination to give overwhelming doses of some particular kind of agent, *e. g.*, antipyretics, and to neglect the other features. Thus in treating typhoid it had been felt that cardiac weakness and high temperature were the most important features to subdue; and yet both must be treated together by keeping up the proper amount of nourishment. Dr. Davis had given iodine a fair trial in these cases, and had been pleased with his results; of some fifty-four cases treated by iodine as a general alterant only two died, and these two did not come under treatment till the second week. Not one of them received any alcohol. In Chicago and vicinity no diseases had been epidemic, though several had been prevalent.

From Decatur, DR. CHENOWITH reported an epide-

mic of very mild scarlatina, and of whooping cough and rheumatism. From Rockford, Dr. Henry reported a prevalence of dysentery. From Henderson County, Dr. Palmer reported a large number of cases of mumps, with metastasis to the testicles. Dr. Davis' report was followed by a long and desultory discussion in which most of the older members indulged.

Dr. Griffith, of Springfield, then read a paper on Rheumatism, more especially the acute, articular form, in which he presented an excellent summary of our present knowledge of the subject. He supplemented this by a short paper extolling the virtues of the fluid extract of ergot in materially shortening the course of pneumonia.

Dr. Todd, of Chicago, then read a short paper "On the Causes which operate to produce Discontent in the Medical Profession;" alluding to the too apparent controversies, dissensions, ignorance and trickery among some within its nominal ranks; and to the misapprehension of the scope and false estimate as to the certainty of the practice of medicine on the part of many who adopt it for a profession. Some attention was devoted to those who violate the *spirit* of the code while living within its letter.

EVENING SESSION.

Dr. Hill, of Bloomington, reported for the Committee on Necrology that no deaths had occurred in the year.

Dr. Booth, of Sparta, as chairman of a special committee on "The Practicability and Desirability of separating the Work of Teaching in Medicine and Licensing to Practice" made a full length report. I was principally historical, but at its close he showed that while the lawyer, the navigator and others who have to do directly or indirectly with human life have to pass a strict examination by government officers, no such restriction is placed on the physician.

Dr. McClellan, of Knoxville, as one of the same committee, submitted a supplementary report on the same subject. It contained an Act of Parliament passed during the reign of Henry VIII., designed to limit practice in and about London, when the Bishop of London was made one of the examiners; and to other acts of Parliament designed to restrict and to draw a line between medicine and surgery. He held up to view our present legal status and the many inconsistencies of our relations to the public.

Dr. Walter Hay, of Chicago, read the report of a committee with reference to securing better legislation on the commitment of the insane. Owing to the present crowded condition of the legislative docket it was found inexpedient to try to do anything just now. He read the draft of a bill providing for the appointment of two physicians as Commissioners of Insanity in each county, who shall have to deal with all cases of alleged insanity and have power to commit the patient to a suitable asylum. But trial by jury may be elected by the patient or his friends, in which case such trial shall take place under existing laws.

WEDNESDAY MORNING SESSION.

Dr. Owens, of Chicago, made the report of the Committee on Surgery. He discussed the case of nephrectomy of Golding Bird's; digital exploration of the bladder by median incision as recommended by Thompson; colectomy for malignant growth; wounds of the heart, with special reference to Block's researches; Koenig's resection of the sternum, with opening of the pericardium and both pleural cavities, and Küster's rather similar case; trans-patellar excision of the knee; the subcutaneous treatment of scrofulous abscesses in the neck; new methods of reducing dislocations at the shoulder, and the treatment of hydrocele by introduction of a bougie through the canula after tapping.

With the exception of the last item, these have all recently received full mention in the columns of the Review.

Dr. Stuart, of Peoria, detailed a successful case of total extirpation of the uterus and ovaries for procedentia.

Dr. Verity, of Chicago, exhibited his derrick or suspension apparatus for application of plaster casts.

Dr. Prince, of Jacksonville; Dr. Whitmire, and others showed instrumental devices for various purposes.

Dr. Crummer, of Warren, reported a very interesting case of injury to the ulnar nerve.

After a recess for selection of the nominating committee, Dr. E. S. Norred, of Lincoln, read a paper on the Tendency of Uterine trouble to produce Mental Derangement.

AFTERNOON SESSION.

A committee on the relations of the State Board of health reported as follows through Dr. Hill. The resolutions were adopted:

"Whereas, The Illinois State Medical Society was deeply interested and took an active part in promoting the formation of the State Board of Health, and the result of its work since its organization fully justifies the expectation of its originators in protecting the public from professional ignorance and imposition, from epidemic diseases and various other causes prejudicial to life, and the promotion of a higher standard of medical education, thereby placing Illinois in the front rank among her sister States in this respect, this result being largely due to the personal services of the members of the

board, and the appropriation made by the State heretofore having been insufficient to carry out the duties imposed upon the board by law; therefore, be it

"Resolved, That in the opinion of this society it is the duty of the Legislature of this State to make such appropriations as will enable the board to carry out the important duties assigned it by the act creating the State Board of Health and the act to regulate the practice of medicine.

"Resolved, That, a copy of this preamble and resolution be sent to the members of the Legislature, now in session."

Nearly an hour was consumed in the report of the Gynecological Committee, read by Dr. Prince. No consecutive report was made of the committee as a whole, the Chairman stating that each individual member of the committee had taken up a branch and considered it. Several instruments for irrigation, support, etc. were exhibited.

The report of the Treasurer was received, read and approved. It showed a balance remaining in the treasury of $779.19. At the conclusion of the report the Treasurer alluded to his long possession of his office, some twenty years, his pleasant relation with the Society, etc., but expressed a desire that the present convention would appoint some other person to the position.

The report of the Nominating Committee was received, and on motion adopted. It was as follows:

President—Edmund Andrews, Chicago.

First Vice President—David S. Booth, Sparta.

Second Vice President—George W. Nesbitt, Sycamore.

Treasurer—Walter Hay, Chicago.

Secretary—S. J. Jones, Chicago.

Members of the Judicial Council for three years—Robert Boal, Peoria; Herbert Judd, Galesburg; L. G. Thompson, Lacon.

Committee on Practical Medicine—J. C. Frye, Peoria; J. W. Hensley, Yates City; N. S. Reed, Chandlerville.

Surgery—Roswell Park, Chicago; D. S. Booth, Sparta; J. D. Whitley, Petersburg.

Obstetrics—S. R. Crawford, Monmouth; Ellen A. Ingersol, Canton; C. du Hadway, Jerseyville.

Gynecology—W. S. Caldwell, Freeport; L. H. Corr, Carlinville; A. F. Rooney, Quincy.

Ophthalmology and Otology—J. P. Johnson, Peoria; Robert Tilley, Chicago; P. H. Garretson, Macomb.

Special Committees—J. V. Black, Jacksonville, on Oral Surgery.

Dr. Christian Fenger, Chicago, on Malignant Growths, continued for another year.

C. Truesdale, Rock Island, on Tetanus.

M. F. Basset, Quincy, on Vaccination.

J. P. Mathews, Carlinville, on Diseases of Children.

A. Wetmore, Waterloo, on Physiology.

Committee on Arrangements—Dr. W. Graham, Chicago; Charles Gilman Smith, Chicago; R. C. Hamil, Chicago; H. A. Johnson, Chicago; E. Ingals, Chicago.

Place for next meeting, Chicago.

Dr. Pitner, of Jacksonville, of the Committee on Drugs and Medicines, presented a long paper, containing many points of interest even to persons not practitioners, upon the subjects assigned to the committee. After speaking of the improvements in pharmacy, he proceeded to consider the improved methods of administering medicines. He mentioned in particular the value of the use of single medicines, asserting that the change in this regard shows decided progress in the profession, for in this way only can a thorough knowledge of therapeutic agents be obtained. He also dwelt upon the value of small doses of active medicines frequently repeated. He regarded this as the best way of administering medicines, although it is not equally applicable to all agents.

Dr. Judd, of Galesburg, of same committee, reported most unfavorably on the vaunted specific action of phenic acid. After some further miscellaneous business the society adjourned.

THURSDAY MORNING SESSION.

Dr. Herriott, of Jacksonville, presented the report of the Committee on Obstetrics, and was followed in a supplemental paper by Dr. Ellen Ingersoll, of Canton. Dr. Jones, of Danville, gave an exposition of a difficult case in practice, which was listened to with considerable interest.

Dr. Jones, of Chicago, gave the report of the Committee on Ophthalmology and Otology.

Dr. McKinney, from the same committee, read a paper, in which he briefly considered double sight and ulceration of the cornea.

AFTERNOON SESSION.

At the afternoon session Dr. John Murphy, of this city, read a special paper entitled: "Some Enquiries Relating to the Causes and Prophylaxis of Infantile Diarrhœa." He pronounced malaria the overshadowing factor in the production of diarrhœa. When he came to Peoria, thirty-five years ago, the river and creek bottoms and even the prairies were saturated with malaria. At that time diarrhœa among children was as fatal in one place as another, but as the land began to be cultivated the malaria was dissipated, and the disease has now almost entirely disappeared. It is not so frequent nor fatal now on bottom lands which have been cleared and drained. In short it will be found that summer complaint and diarrhœa are only prevalent where the atmosphere is miasmatic. Quinine has

been supposed to be the great panacea for infantile diarrhœa, but after the disease has become established it only aggravates it and produces no therapeutic effects.

Dr. Reber, of Shelbyville, read a paper upon Septicemia arising from Nasal or Post-nasal Irritation, forming symptoms similar to those in acute pneumonia.

A paper upon "The Epidemics of Marshal County in 1882," was read by L. G. Thompson, of Lacon.

Dr. Rauch, of the State Board of Health, addressed the convention concerning proposed legislation now before the Legislature. He read the bill which had been offered looking to the expurgation of quackery by forbidding the advertising of the treatment of diseases in any other way than is usually done by reputable physicians, also forbidding the advertising of all appliances used for immoral purposes. He declared that the bill had created considerable excitement among the quacks, who were using every effort to defeat it and to have the appropriation of the State Board cut down. He also read a proposed amendment to the medical practice act, intended to rid the state of itinerant venders. In commenting upon it, he urged a more thorough co-operation of the medical men of the state with the Board of Health, in order to secure a more satisfactory enforcement of the medical practice act and the proper registration of births and deaths. He moved that a committee of one from each county be appointed with that end in view, and the motion was carried, the committee to be appointed at the President's convenience.

Dr. G. Wheeler Jones, of the committee to whom had been referred the matter of the practicability and advisability of preparing biographical sketches of the society, reported in favor of so doing, and recommending that the work be confined to sketches of deceased members. A plan of preparing the volume was suggested, Dr. J .H. Hollister to act as its editor-in-chief, the volume of sketches to be revised and re-edited every five years. The report was adopted and the recommendations concurred in.

Dr. N. S. Davis, of Chicago, referred to the difficulty attending the securing of reliable reports as to the prevalence of disease, and the need of getting a more positive knowledge concerning the causes and circumstances inducing diseases in Illinois. He offered a resolution that a special committee of three be appointed to furnish each member of the society a circular letter, requesting him to give a report upon all acute diseases coming under his care; also that one member in each topographical district be appointed to report concerning the meteorological conditions of the atmosphere, with especial reference to the active agents at work, as ozone, etc. The resolution was adopted.

A telegram was read from the Missouri State Medical Society, stating the time for holding its annual meeting had been changed to the second Tuesday in May, and that delegates had been appointed to the next meeting of the Illinois society.

Delegates to the different state conventions were appointed as follows:

Missouri—T. J. Pitner, Jacksonville, and C. G. Reber, Shelbyville.

Ohio—George Wheeler Jones, Danville.

Iowa—S. C. Palmer, Rock Island.

Wisconsin—S. J. Jones, Chicago.

Nebraska—J. P. Johnson, Peoria.

Indiana—A. J. Miller, Paris.

Michigan—J. H. Hollister and E. Andrews, Chicago.

Kentucky—D. S. Booth, Sparta.

Texas—E. L. Herriot, Jacksonville.

After returning votes of thanks to the physicians and citizens of Peoria, the railroads of the state and the local press, for courtesies extended them, the convention adjourned, to meet next May in Chicago.

MISSOURI STATE MEDICAL ASSOCIATION.

The twenty-sixth annual meeting of this body took place in the Hall of Representatives of the State House, at Jefferson City. On Tuesday afternoon, May 15th, 1883, Dr. Gore, of Paris, called the meeting to order at 3 P. M. The Rev. Dr. W. B. Palmore offered a prayer, and was followed by Gov. Crittenden, who made an address of welcome in behalf of the citizens of Jefferson City. This was responded to happily by the President, at the conclusion of whose remarks the business of organization began.

The Committee on Credentials made a partial report.

Dr. Halley, of Kansas City, introduced a resolution whose purport was to urge upon Congress, through the Representatives from this State, the appropriation of $250,000 or more for the purpose of erecting a suitable fire-proof building for the medical works, records and scientific treasures in the Army Medical Museum and the library in the Surgeon General's office in Washington, D. C.; also, $10,000 per annum for making purchases of medical works and literature of the day, both of this and foreign countries; also such additional sums as may be necessary to complete the index catalogue, now published only to the letter B.

The measure was amended to the effect that a member in each congressional district be appointed a committee of one to see his congressman and re-

quest him to urge the passage of such a measure. The resolution as amended was adopted.

Dr. Dewey, of Keytesville, read a paper entitled: A Few Remarks on the Code, which raised quite an animated discussion.

The following resolution, offered by Dr. Todd of St. Louis, was adopted:

Resolved, That the Missouri State Medical Association do hereby declare that the term allopath, as applied to members of this body, or of any other medical bodies in sympathy, is not only false and misleading, and therefore derogatory to the profession, but also mischievous in the extreme, since it implies that the science of medicine is not a unity, but that it is sectarian in nature.

The Treasurer next made his report, which was referred to an auditing committee, consisting of Drs. King, Halley and Potter. The Committee on Scientific Communications then made a report, after which an adjournment was had until 7.30 p. m.

The Association convened promptly for the evening session, Dr. Ford, of St. Louis, opening the proceedings by reading a paper, as the report of a committee of one, on "Genito-urinary Surgery." Dr. Trader, of Sedalia, followed with a paper on the "Elastic Ligature." The paper was discussed, and after this the Committee on StateMedicine made a rereport, which was received, and a vote of thanks was tendered to the gentlemen who worked for the passage of the bills establishing a State Board of Health and Regulating the Practice of Medicine and Surgery in the State of Missouri, and to the Thirty-Second General Assembly for the passage of the bills. An adjournment was then had.

On Wednesday morning, May 16th, the Association convened, the first paper read being that of Dr. Lester, of Kansas City, being a report on the "Progress of Medicine," which was discussed at some length.

Dr. J.W. Brent next read a paper on "Force," and was followed by Dr. S. Pollak, of St. Louis, on "Jequirityc in Ophthalmia." Dr. Halley read the abstract of a paper on the "Nature and Classification of Tumors." A paper on "Spontaneous Evolutiont," by Dr E. J.Warth, was read by title. Dr. B. Wilson, of Salisbury, read an excellent paper on "Bacteria; their Nature and Influence," which was discussed at some length.

Dr. North, of Keokuk, Iowa, was introduced and made an address to the Association, when it adjourned.

The afternoon session was opened by the President, Dr. Gore, of Paris, making his annual address, the subject chosen being, "Our Advances and Successes in Medicine; our Failures, the Causes which conduced to the latter, and the Agencies which will promote the former."

Dr. Norris, of the special committee, then made his report on "Medical Education."

A resolution by Dr. Allen, of Liberty, recommending a certain standard for graduates, and asking the Board of Health to request colleges to adopt it, created considerable discussion, pending which the Association adjourned and called on the Governor in a body.

When the Association met for the night session, resolutions relative to the death of Dr. Winston, of Jefferson City, were read and adopted. Dr. E. M. Nelson, of St. Louis, read a report on the Life and Labors of Dr. Hodgen, after the report of the Committee on Publication had been adopted.

Dr. Schenck, of St. Louis, read a paper on the "Comparative Longevity of the Male and Female Sexes, with reference to Insurance," which was well received.

Mrs. M. E. de Geer, Grand Lecturer of the Sons of Temperance for Missouri, was granted five minutes in which to address the Association. After this Dr. Schenck's paper was discussed.

Dr. N. W. Harris next read a paper on "Glaucoma," the same subject being handled in the succeeding paper by Dr. F. B. Tiffany, of Kansas City.

The Illinois Association sent a message requesting the Missouri to change its date of meeting. The second Tuesday in May in each year was adopted, and the Illinois and Kansas State Societies were notified to that effect, after which adjournment.

The third and last day's session began Thursday morning May, 27th. Dr. Dickinson, of St. Louis, the corresponding secretary, made his report.

The Committee on Publication was instructed to publish the report of Dr. Norris in full.

Dr. Allen, of Clay County, read a paper on "Alcohol and Alcoholic Stimulants." Dr. Potter, of Cameron, moved that a committee of three be appointed to investigate the relations between alcoholism and crime. Adopted.

The election of officers for the ensuing year being next in order, Dr. E. H. Gregory, of St. Louis, was placed in nomination for President and unanimously elected.

The following committee was appointed by the Chair to notify Dr. Gregory of his election: Drs. Prewitt, Allen and Lester.

The Committee on Nominations reported the following, who were elected to the offices named:

Vice Presidents—Dr. O. A. Williams, of Morgan County; Dr. J. D. Griffith, of Jackson County; Dr. John H. Duncan, of Boone County; Dr. T. J. Norris, of Macon County; Dr. C. H. Hughes, of St. Louis.

Recording Secretaries—Dr.A. H. Ohmann-Dumes-

nil, of St. Louis, and Dr. D. V. Wales, of Jasper County.

Corresponding Secretary—Dr. N. F. Essig, of Clinton County.

Treasurer—C. A. Thompson, of Cole.

Sedalia was selected as the next place of meeting.

Dr. Prewitt reported verbally a case of rhinoplasty, accompanied by photographs.

Dr. Hurt, of St. Louis, of the special committee on National Board of Health, offered the following:

Whereas, The Congress of the United States in 18— authorized the appointment of a National Board of Health and appropriated money to meet the expenses of the same; and,

Whereas, We have reasons to know that the action of said board was wise and greatly beneficial to the people of this and many other States in the great valley of the Mississippi; and,

Whereas, Congress has subsequently, and for the last year, failed to provide funds to meet the expenses of said board, and has thereby defeated the usefulness of the board, to the great disappointment of all good and thoughtful citizens; therefore,

Resolved, That our Senators and Representatives in Congress be, and are hereby, requested and instructed to urge upon their respective bodies in Congress the importance of providing for efficient action of the National Board of Health.

Dr. N. M. Baskett, of Moberly, read a paper, entitled: "Some Suggestions on Sanitation," and was followed by Dr. W. A. Hardaway, of St. Louis, in a carefully prepared paper on "Electricity in Skin Diseases."

Dr. T. E. Potter, of Cameron, read a paper reporting several cases showing the results and value of the use of ergot, ergotin and sclerotic acid in the treatment of enlarged spleen and in fibroids of the uterus.

The report on Gynecology, by Dr. Geo. J. Engelmann, of St. Louis, was read by title.

Dr. C. A. Todd read an abstract of a paper on Suppurative Disease of the Middle Ear, giving results of his experience in dry, antiseptic treatment.

Dr. W. P. King, of Sedalia, read a paper on Vaginismus.

Resolutions were adopted thanking the citizens of Jefferson City for their hospitality, the railroads for their courtesies and the representatlves of the press for their report.

The President-elect not being present, Dr. O. A. Williams, of Morgan County, was escorted to the chair and introduced to the Convention by the Retiring President, Dr. Gore.

After the appointment of delegates to the meeting of the American Medical Association, and of committees, the association adjourned sine die.

MICHIGAN STATE MEDICAL SOCIETY.

The eighteenth annual meeting of the Michigan State Medical Society was held in the Academy of Music in Kalamazoo, beginning Wednesday morning, May 9. At ten o'clock the President, Dr. Geo. W. Topping, of DeWitt, called the assembly to order. Rev. Geo. F. Hunting, of Kalamazoo, offered prayer. Hon. E. W. DeYoe, President of the village, then extended to the society a cordial welcome. He called attention to the location and beauty of the village, and to the State Asylum for the Insane located there. He also spoke of the system of water supply and sewerage.

On behalf of the Society President Topping responded briefly. After roll-call Dr. Foster Pratt, chairman of the executive committee, presented their report, in the course of which he read a communication from Superintendent Palmer, inviting the members of the society to visit the asylum, and another from President DeYoe and Clerk Cellem, of the village, inviting examination of the various municipal departments.

Drs. S. J. Jones and Reynolds, of Chicago, were introduced and invited to a seat on the platform.

Dr. George E. Rauney read the reports of the secretary and publication committee. As secretary he reported the present membership as 216. Several had forfeited their membership by nonpayment of dues.

Dr. A.R. Smart presented the treasurer's report.

Balance from previous year	$502 23
Interest on funds in bank	12 41
Receipts from membership dues	314 00
Total receipts	$828 74
Disbursements	$389 48
Balance in treasury	$439 26

Wm. Brodie, M. D., of Detroit, read a clinical report of a case of aneurismal tumors of the scalp. The patient, a healthy lady of German parentage, aged 47, still menstruating, mother of a large family, fell one day upon the sidewalk, striking upon the back of her head. She was slightly stunned by the fall, but soon recovered from the immediate symptoms. Was not attended by any physician. She soon noticed a slight swelling in the occipital region, but did not consider it of sufficient importance to consult a surgeon. When, however, it became so large as to interfere with the wearing of a bonnet, she sought professional advice. When Dr. Brodie first saw the case this tumor was about the size of a goose egg. Auscultation revealed a bruit. Palpation showed that the contents were fluid. There were no perceptible pulsations. Examination revealed several smaller

tumors, varying in size up to that of a pigeon's egg. These were located over the occipital and parietal portions of the cranium. An exploratory incision gave egress to arterial blood, and the diagnosis was made of diffuse aneurism. The wound was closed up, but erysipelas set in, and was so severe as to cause fear lest she might not recover. Finally this complication was conquered. The question of treatment for the tumor now arose. The ligation of various arteries was rejected on account of the free anastomosis of the cranial vessels. Pressure was deemed impracticable. Electrolysis was recommended, but the patient decided to let further treatment alone for the present. After about two months there is no special change in the case.

Paper referred to publication committee.

The Secretary read the list of applicants for membership, which were referred. The first business in the afternoon was the President's address. He spoke of medicine as a science and an art. After calling attention to the power which mystery has over the laity, and hence the great opportunity for medical quacks, he characterized the so-called faith cure as a solemn farce. In the United States, according to the last census, there is one physician to every 588 inhabitants. In Michigan, one to every 559 inhabitants. From 1874 up to the census of 1880 the increase in the number of physicians was 26 per cent. The average per cent of graduates to matriculants in the United States is 34 6-10 per cent., while in Canada it is only 14 6-10. During the last decade the number of medical schools has increased about 70 per cent. From the report of the United States Commissioner of Education we learn that in 1880 the number of graduates in medicine were about three times as many as in law, and twelve times as many as in theology. The cheapening of a professional education through State support allures many young men into the profession of medicine who would otherwise have entered into some other avocation, more beneficial both to themselves and the public. It must be evident to all that this country is already overstocked with physicians; therefore, it cannot be necessary to tax the people to produce a more abundant supply. Our State medical schools are among the most active agents in producing this over-supply of physicians. Yea more, by means of the hospitals under their charge and State support, they are enabled to offer cheaper medical and surgical treatment than can be offered by the general practitioner, who cannot resort to taxation to make good his exhausted finances. The university hospital is filled with patients who go there through economic considerations, many of whom are abundantly able to fee a physician at home, and would do so were not cheaper terms offered at Ann Arbor. These hospitals are extensively advertised at public expense. To the end that something may be done to correct these evils, and to bring the medical department of the university into proper and profitable harmony with the medical profession, he ventured to suggest for consideration the following subjects:

1. The best means of securing a higher standard of study and attainment in the profession generally.

2. The possibility and desirableness of combined action between the Board of Regents and the State Medical Society in securing such legislation as is now generally needed to protect the people against the increasing number of irresponsible and unqualified medical practitioners.

3. The manifest injustice of giving gratuitous treatment at the university hospital to patients able to pay for medical services.

4. The injustice of treating resident patients by members of the faculty in term time and receiving compensation therefor, without paying the same into the university treasury.

5. The extensive and unwarranted methods of advertising which institutes invidious comparisons between the professors and the profession at large.

6. Whether the profession at large might not be consulted in the nomination of professors.

The above caused a heated discussion, and the portion relating to the university was referred to a committee.

Dr. C. J. LUNDY, of Detroit, read a paper on Clinical Notes on Errors of Refraction. He related a number of cases in which the peculiar headache which is commonly thought to be connected with uterine disease was relieved where suitable spectacles were fitted to the eyes. In two of the cases referred to, the diagnosis of uterine disease had been made. The pain referred to was generally of a dull, heavy, sometimes throbbing kind, frequently with pain at the nape of the neck. He thought that in many cases colored glasses are worn on account of inflammation of the fundus occuli, which inflammation is caused by errors of refraction. He thought that in these cases the colored glasses did harm.

Dr. T. N. REYNOLDS, of Detroit, read a short article on "Timely Catharsis." He recommended three drops of castor oil given on water to calm the delirium following cranial injuries and puerperal mania. Thought early catharsis of value in the early stages of pneumonitis and other like diseases in full-blooded patients.

In the evening the physicians and their ladies were given a reception and banquet at the Burdick House by the resident physicians and citizens.

Thursday morning the Committee on Admissions

reported favorably upon over fifty names. In the matter of Dr. G. A. Hendricks, of Ann Arbor, they reported unfavorably, on the ground that he had been soliciting attendance upon the meeting by means of a circular letter, evidently for political purposes. After another heated discussion Dr. Hendricks' name was referred to the judicial council.

Prof. Maclean, of the university, has recently won his case in a libel suit against the Detroit Evening News. This, his friends claim, is a vindication of his character, but that others might not doubt it they attempted to put him at the head of the State society. They brought down a large number of his former students, who came under the impression that the university and Dr. Maclean were to be attacked. When, however, they came and found the true state of affairs they refused to support him. From the beginning of the meeting until after the election the Maclean party did all in their power to prevent harmony and scientific progress. The active part taken in the contest by some of the Ann Arbor professors and the crowd of Ann Arbor students certainly did not help the institution in the opinion of the majority present.

The nominating committee reported through Dr. Tyler, of Bay City, the nominations for everything below president (who is chosen by ballot). Prof, Vaughn, of the university, offered as a substitute a full set of nominations in the Maclean interest. The committee's nominations, after a little sparring, were adopted by a large majority. Balloting for president ensued. Dr. A. F. Whelan, of Hillsdale, was nominated by Dr. Smart, and supported by Dr. Hitchcock in a vigorous speech. Prof. Maclean, whose own ticket had partially collapsed by the refusal of some of its most prominent names to accept its nomination, before it was beaten on a direct vote, then rose and said that though his friends, he might almost say admirers, had proposed to run him for president, he would move to have the ballot of the society unanimously cast for Dr. Whelan. This was done.

The secretary holds over another year.

The following are the committee's nominations adopted by the society: First vice-president, Dr. Horace Tupper, Bay City; second do., I. S. Hamilton, Tecumseh; third do., H. B. Barnes, Ionia; fourth do., Augustus Keiser, Detroit. Judiciary council, Foster Pratt, Kalamazoo; H. B. Shank, Lansing; S. P. Duffield, Dearbornville. Delegates to National Medical Association—H. C. Wyman, J. B. Book, Wm. Brodie, L. Connor, H.O. Walker and L. Shirley, Detroit; E. E. Dunster, A. B. Palmer, W. F. Breakey, Ann Arbor; Foster Pratt, Kalamazoo; A. R. Smart, Hudson; J. H. Bennett, Coldwater; J. Andrews, Paw Paw; S. S. French, Battle Creek; C. H. Lewis, Jackson; F. H. Owen, Ypsilanti; H. M. Hurd, Pontiac: Hugh McCall, Lapeer; A. F. Hagadorn, Bay City; J. H. Jerome and L. D. Bliss, Saginaw; W. N. Smart, Grand Haven; I. R. Shepherd and C. V. Beebe, Manistee; W. D. Dockery, Pentwater; H. M. Dickenson, East Saginaw.

In the afternoon Dr. H. B. Baker, secretary of the State Board of Health, read a paper on the epidemic and contagious character of diphtheria. He said it occurs in waves. More fatal in cold seasons of the year, but not always more fatal in cold than warm years. Has no known relation to filth. It occurs in regular periods. The length of the wave is in cities five or six years; in the country fourteen years. It does not occur all over the world at the same time and in the same degree of severity. Most common and fatal among children under ten years of age. Drs. Pratt and Worcester related the history of a series of cases occurring in and around the Kalamazoo Asylum, showing the exposure and incubation.

Dr. BRODIE thought simple diphtheria non-contagious. Malignant or contagious diphtheria he thought was always complicated with scarlatina. Thought the plan of placing placards on house injurious. It would do no good and gave unnecessary alarm to the people. Paper referred.

A. R. SMART, MD., of Hudson, reported a case in which a small brass glove button had been removed from a lady's ear after being carried thirty years. There had been a troublesome diarrhea all the time, which had not yielded to treatment. The presence of a foreign body had not been suspected. The membrana tympani was evidently gone. After removing the button recovery was rapid. Paper referred.

Dr. WARD read a humorous poetical production, called "Pro Bono Professiorum."

The following papers were read by title and referred to the publication committee:

"Plaster of Paris as a Surgical Dressing," by H. O. Walker, M.D., Detroit.

"Water and Its Relation to Health and Disease," J. R. Post, M.D., Lansing.

Etiology of Urethral Inflammation," H. J. Reynolds, M.D., Ordon.

The Committee on the President's Address presented points for consideration by the society, and Dr. Palmer gave a lengthy speech in behalf of the university and its management. He claimed they were doing their utmost to advance the professional standing. He denied that they were unprofessionally advertised, and claimed that if they did for the State the work they had agreed to do, the rest of the time was their own and they could do with it as they chose. After further discussion the whole matter was referred to the publication committee.

The usual resolutions of thanks, etc., were passed, the president elect escorted to the chair, and after a short address, upon motion the society adjourned.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, May 19, 1883.

The President, Dr. Barrett, in the chair.

DR. BERNAYS presented specimens of hernial sacs extirpated by him in two cases. Parts of the contained portion of omentum, which had been excised, were also presented.

DR. WESSELER reported an interesting and rare case lately observed by him. A man who had been treated for acute rheumatism for two weeks was admitted to hospital. Not much of a history could be elicited. Small vesicles soon made their appearance upon the face and cheek, and soon became larger and turned into pustules, which sloughed. The man soon died, the case being one of glanders. The extremities became the seat of the eruption also. The man was a street car driver; but, at the stables, it was declared that there were no glandered horses. The case was typical. No post-mortem examination was made.

DR. GREGORY remarked that there was one local feature which was pathognomonic, when present, and consisted in abscesses in the substance of the muscles.

DR. HOMAN read a paper entitled: "On some Points in regard to Outbreaks of Cholera." He stated that there seemed to be a feeling at present that cholera may reappear this year, and it might not be out of place to speak of some facts connected with the subject. He regarded the place of origin of Asiatic cholera to be the Delta of the Ganges, where by the aid of heat, moisture and other favoring circumstances, the seeds of the disease germinated and arrived at a full fruition; these latter being also requisite in this country to bring it out. The favorite dwelling place of this disease is in the valley of the Ganges. The people there are uncleanly, and all their foulness and uncleanliness finds its way into the Ganges. It is also reasonable to believe that the religion, customs, habits, etc., are so innate and fixed as not to be changed, without producing a fearful revolution, and as cholera is greatly dependent upon these, the hopes for its eradication are proportionately lessened. Pilgrimages, fairs and festivals, at which vast numbers of filthy and diseased persons assemble, are other factors which promote the appearance of cholera, and this ebb and flow of people occurs all the time from one end of the country to the other. A large festival held in 1867 was without doubt the cause of the outbreak which occurred in this country in 1872. It spread throughout all Asia, thence to Europe, finding congenial soil in Turkey and Russia, and finally on our North Atlantic coast and up the Mississippi Valley. It is interesting to note that persons were attacked in Ohio, Minnesota and Dakota, the cause lying in the luggage of Russian and Swedish emigrants, who chiefly constituted the victims. In regard to the prophylaxis of this dread disease, if people were as willing to forestall its attacks as they are to prepare for war their success would be complete. And cleanliness of house and country will as effectually protect against cholera as vaccination does against small-pox. As the question may naturally arise as to when and how often new visits of cholera may arrive, it may not be out of place to investigate the reason for this popular belief. The apparent previous periodicity of cholera in this country and Europe has been due to the fact that every twelve or fifteen years a great ceremony takes place in India at the season of the year most favorable to the propagation of cholera. Thence it is distributed to Europe and America. The fact that the number of pilgrims is growing less, that disinfection is growing more popular, and that travel by rail is becoming greater, will make the disease more directly deliverable to the ports of Europe and the United States, without implicating the intermediate countries. On this account a rigid seaboard quarantine will become imperative, and it may be possible for cholera to force this seaboard line of defense. Still it is encouraging to believe that by the active cooperation of all it will be impossible for this disease to spread.

DR. PREWITT thought the paper a timely one. The profession has not been indoctrinated in the true cause and origin of cholera. We have as much filth in other years as in those in which cholera occurs. History shows that it follows the great highways of travel and goes from place to place. When travelling was chiefly by steamboat we only heard of it in river towns. In 1873, when railroads were more used, it was seen at railroad towns. In 1849, when a large number emigrated to California, it followed the trains. Cholera never springs up spontaneously; it is of specific origin. As long as an indefinite notion of the origin of cholera exists, just so long will we have inefficient measures for its preventlon. During Butler's regime in New Orleans he kept it so clean that no yellow fever was seen there; bnt he was correct when he said that he had quarantined it out, and we will have to do the same for cholera.

DR. DICKINSON inquired if there might not be sporadic cases?

DR. PREWITT thought not. He said that a distinction must be made between cholera morbus and Asiatic cholera, and if anything could furnish this distinction it was the communicability of the latter.

Dr. E. H. Gregory thought that the epidemic of 1873 originated in this country. It certainly did not follow the ordinary laws of this disease. Some one had spoken of contagion and infection, and Dr. G. did not fully understand the distinction between the two. No disease can be gotten without getting in contact with the specific poison. Some of these poisons are volatile and some fixed. For the first it is only necessary to be in the vicinity, and for the latter a denuded surface must exist.

Dr. Prewitt remarked that if Dr. Gregory would read Dr. McClellan's report on the outbreak of 1873 he would see that it was introduced.

Dr. Barret stated that he saw the first case in St. Louis, that of a deckhand from New Orleans, who died in a few hours.

Dr. Atwood, whilst in Tennessee in 1873, observed cholera move along the line of a railroad, northward, up to St. Louis.

Dr. Scott stated that he had seen an account, in a late New York journal, of an outbreak of cholera in Mexico, which originated there in December and lasted through January. It was genuine Asiatic cholera and the history of its origin in Mexico perfect. The doctor related several cases in his experience which would leave doubt of its propagation from person to person. He did not believe that it was propagated in this manner, but rather that the atmosphere was the cause by which the germs were transported to other places.

Dr. Johnston spoke of cholera in Kentucky during 1832-3, where it disappeared as suddenly as it had appeared.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday Evening, May 10, 1883.

Vice-President F. P. Henry in the chair.

Tympanic Caries producing Sub-dural Abscess opening into Lateral Sinus.

Neil D., aged 18, was admitted into Professor Agnew's ward in the Pennsylvania Hospital with the following history: When he was five years of age he had measles, and since that time he has had suppuration of the right middle ear. It discharged at intervals. Two weeks previous to admission he had acute pain in his right ear, and a week later it began discharging. He had severe headache ever since he was first attacked. The pain was situated principally towards the front, but existed also towards the sides of the head. The discharge was profuse and offensive. He was emaciated, his face was haggard, pale, with a slightly yellowish tinge; he had an anxious expression of countenance, and altogether looked very bad. His mother says that this change occurred entirely during the two weeks prior to admission. The ear was cleansed and astringents applied; the discharge ceased in about six days. Bromide of potash failed to relieve the headache, but morphia hypodermically gave temporary relief. He held his neck stiff with the head slightly drawn back. This increased as the disease progressed. He had nausea, and later vomited large quantities of greenish-black fluid. Three days after entrance the pains extended down the spine and into the legs, and to the under side of the arms. On the fifth day after his admission the headache and pains in the lower extremities were very severe. The discharge had almost ceased. His temperature rose to 102.5°. An ice cap afforded no relief. On the eighth day he died.

	Temperature. Morning—Evening.	Pulse. Morning—Evening.
Day of entrance	9—100° — 103°	62 86
	10—101.5 — 101.5	70 96
	11— 98.5 — 102.4	66 80
	12— 99.5 — 100.8	68 84
	13—102. — 102.5	84 88
	14—102. — 105.4	100 102
	15—103.5 — 102-5	106 104
	16—101.6 — 102.	136 114
	17— 99. — 100.	112 108

His bowels moved regularly; they were not constipated.

Post-mortem examination made twenty hours after death; skull was very thin at all points; dura mater apparently normal, marked congestion of the arachnoid and pia mater, more so on the right side. No evidences of thickening or other disease. Brain normal; no excessive cerebro-spinal fluid.

Region of the R. Ear.—Beneath the dura mater covering the petrous portion of the right temporal bone, over the middle and internal ear, there was an abscess about an inch long. It communicated by a small opening with the tympanum. At its opposite extremity it opened into the lateral sinus. This was filled with pus from the point of opening to within two inches of the torcular herophili. These two inches were filled with a soft black clot. Below the point of opening to the jugular foramen there was thick pus and a partly decolorized clot much firmer than the one extending in the direction of the torcular herophili. Remarks—The congestion was active, not passive; it was most marked on the surface of the brain. The large veins were not distended, and there was, consequently, no excess of fluid. The patient's mind was clear to the last. The most marked feature of the case was the emaciation, which was very rapid. An interesting point in connection with the case is the cause of death. It seems to have been due to the entrance of pus into the circulation: in other words, it was proba-

bly a case of true pyæmia. He had two marked symptoms of pyæmia, the sallow countenance and the rapid emaciation; besides these he had the vomiting. He never had the slightest chill or the sudden rise and fall of temperature, both so marked in cases of pyæmia. Sweet breath and any external abscesses or lung affection were also absent. I was unable to examine the other organs.

Specimens (lungs, heart and kidneys) from a case of Bright's disease. By Frederick P. Henry, M. D.

The organs upon the table were taken from a typical case of chronic parenchymatous nephritis. The kidneys are slightly enlarged, extremely pale, with marked arborescent vascularity of the surface and with non-adherent capsules. In fact, they represent one of those instances in which the gross appearance suffices for diagnosis. The heart is slightly enlarged, its left ventricle dilated, its walls fatty, and its valves competent. This heart gave rise to no murmur, strictly so called, but did produce in typical degree the sound called by Bouilland and Potain the *bruit-de-galop*. Potain considers this sound to be diagnostic of interstitial nephritis, but, for my part, I have invariably encountered it in cases of Bright's disease, in which the parenchymatous affection was predominant. The lungs are congested and œdematous throughout; the pleura is greatly thickened on both sides, and the pleural cavities abolished, with the exception of the diaphragmatic portion of the right side, which contains a small amount of fluid in the shape of a number of serous-containing locu'i. The cause of death was œdema of the lungs, and the interesting question arises as to whether œdema of the lungs, which is so common an event in cases of Bright's disease, may not be favored by the obliteration of the pleural cavity also commonly present in these cases, or, in other words, and conversely, whether the pleural cavity may not serve as an outlet for effusions which, but for its presence, would infiltrate the lung parcenchyma. Although my attention has not been specially directed to the point which I have just raised, and therefore I have no cases other than that just reported to bring forward in its support, I think I can state, in general terms, that before œdema of the lungs occurs, in cases with open pleural cavity, that cavity contains a considerable quantity of fluid; that is to say, that its capacity to act as a drain to the lung tissue is exhausted, and it does not at all follow that, for this result to be produced, the pleural sac should be distended with fluid. In fact, it would seem that a moderate amount of fluid in the pleural sac may be sufficient to exhaust this conservative power, and this amount varies with the state of the pulmonary circulation. The view just advanced is in complete harmony with what we know of the physiological function of lymph spaces, among which the large serous sacs are reckoned. The last volume of our Transactions (Vol. X.) contains a paper upon Pleural Effusions, in which I argued at considerable length that any cause which interfered with a proper expansion of the thorax would lead to congestion of the pulmonary capillaries, thereby favoring pleural effusion. The results of capillary congestion vary in different systemic conditions. In Bright's disease, owing to the altered state of the blood, the result is œdema; that is, a serous infiltration of lymph spaces. Effusion into the serous investment of organs, such as the lungs and heart, is conservative so far as concerns the parenchyma of these organs. The practical result of these considerations is, that œdema of the lung, in cases of Bright's disease, is favored by pleuritic adhesion, and secondly, that œdema of the lung may, perhaps, be averted by the timely performance of paracentesis.

Myxomatous Tumor of Subcutaneous Cellular Tissue of the Chest. Presented by Dr. MacConnell.

The specimen was removed by Dr. Allis at the Jefferson Hospital Clinic one week ago. The patient was a man aged 63 years, who stated that six years ago he had been struck on the side of the chest by a box at a spot corresponding to the site of the tumor. The growth commenced shortly after this traumatism, and at the time of the operation was of the size of a pecan nut. The microscopical appearances were somewhat the same as those presented by the specimen presented for him by Dr. Nancrede in December, 1882. The present specimen very beautifully illustrates the transitional stages of the fœtal development of blood vessels, such as budding, etc. Abundant yellow elastic tissue is also seen. The cells are but faintly stained with picro-carmine, owing to the highly refractive substance of the growth (mucin), rendering the coloring of the nucleus indistinct. Dr. MacConnell thought that the apparent rarity of similar growths was due to the use of alcohol for hardening purposes. If such a reagent be used, only the appearances of a young connective-tissue growth will be detected.

Very Interesting Relations exist between blenorrhagia and the development of sciatic neuralgia (Lyon Méd.). Becchini reports in La Sperimentale the history of two patients who were seized with very acute pain along the tract of the sciatic nerve during the course of an acute blennorhagia. The usual treatment for sciatica failed, and recovery ensued only on the cure of the blennorhagia by the ordinary means.

The Weekly Medical Review.

Vol. VII. No. 20. CHICAGO AND ST. LOUIS, JUNE 2, 1883. Terms: $3.00 a Year.

The Subjoined Letter from Dr. Dudley, resigning the editorial management of the Review in Chicago, explains itself. The Doctor's connection with the journal since the change to a weekly has been to a great extent nominal, the editorial work having been done principally by Dr. Roswell Park, who now assumes the Chicago management. Under the circumstances the change can in nowise injuriously affect the journal, but our readers will have the full benefit of Dr. Park's experience in journalistic work.

Chicago, May 30, 1883.

My Dear Doctor Park:

Since my appointment, a year ago, to the chair of Gynecology at the Chicago Medical College and to the visiting staff of Mercy Hospital, I have found that the duties of these positions, together with my practice, left little time for the editing of a paper which requires so much editorial work as the Review. Accordingly, last winter, I indicated to the publishers that my resignation would be at their disposal as soon as they could appoint my successor. A letter from Mr. Chambers now informs me that he has had the good fortune to secure your acceptance of the editorial management in Chicago. Your appointment should, I think, be regarded as a subject of congratulation both for yourself and for the subscribers. You undertake the work not without experience. Ever since you assumed so large a part of my editorial work last February, I have been reluctant to permit the continuance of my name on the cover page, because this, with injustice to you, caused me to receive the credit for all of the excellent work which you have been doing. I trust that you will take means of placing us both correctly before the subscribers in this matter, for I would call no other man's work my own. Gratified that my editorial pen has fallen into such hands as your own, I am, as ever, dear doctor,

Your friend, E. C. Dudley.

The Question of a State License to practice comes up sporadically here and there throughout the country. Of late the Chicago Medical and the Illinois State Medical Societies have vexed themselves over the problem. Long reports have been made by committees appointed for the purpose or self constituted; resolutions have been adopted and the matter generally agitated. As one reporter put it at the State Society, the lawyer has to pass his examination before being admitted to the bar, the navigator has to be examined before he secures his Government license, but the medical man, who every day is made to stand between life and death of the State's wards—the individuals making up the State—can practice almost at his own sweet will. The navigator who tries to steer his ship sideways through a narrow channel would have his license revoked; the lawyer who tries to introduce disreputable or dishonest practices in his legal cases will, in all probability, receive a just rebuke from the judge and be overhauled for contempt of court. But the State, which looks after the property of the widows and orphans and zealously guards their property interests, takes little head as to the charlatans by whose officious interference these widows and orphans are often made such. This is the usual line of argument, with due elaboration, of those who pursue this line of thought—and it is very just. But certain points are lost sight of by many who reason in this way. The spirit of our republican institutions, which in a way protect property, is opposed to that

close surveillance which alone can lead to the protection of life in the desired way. If ours was a patriarchal government, which, having the best interests of the people at heart, could enforce compulsory education, and protect them not only from the effects of ignorance, drunkenness and vice, but also from religious and medical quackery, then a State examination, such as is provided for in Germany, would be one out of many measures to be instituted for the public good. But when the State by its action implies that it regards the public welfare to such an extent that it will protect them from medical ignorance by requiring those who desire to practice medicine to show due cause why they should be allowed to do so, does it not logically follow that the State should further regard the welfare of its population by providing suitable advantages for those who desire to come up for this examination, by endowing some institution to such an extent that it can provide with lavish hand for all who would open its doors in the interest of science, by allowing none to study medicine who had not ample preliminary acquirements, by facilitating the procurement of ample material for dissection, by attaching to such an institution a large hospital open to all in the State? we ask again, does it not seem to follow that when the State undertakes a part it should undertake all? We realize the reply that many would make to such a question—that the fact that it is improbable that the State will undertake to do all this is no reason why it should not at least do a part, and we acknowledge its force. Still just here we must take into account the 'make-up' of our average legislature. Take, for instance, the Illinois legislature. Does anyone for a moment suppose that there is enough intelligence or far-sightedness in that body, or that there is likely to be for a long time to come, to permit the passage of a bill to the effect as above, which shall be at once strict enough and liberal enough, which shall provide ample enough funds, or ample enough clinical material, which shall be based on a broad scientific basis and permit no pathy to interfere, and which shall eliminate the political element entirely? Those who deem this likely take a more optimistic view than the REVIEW possibly can. Again, in order to secure a bill providing for State license, in order to protect that dear public which so much loves to be deceived, it would be necessary to permit each man who would practice a pathy to pass a special examination in that particular delusion. And this idea we abhor. The examination should be on fundamental principles on which there can be no doubt; a large part of it should be practical. A little work in a physiological laboratory would convince many students of irregular medicine of the errors of their teachers. If such students still held to these errors before the examaming board, they should be sent to some such laboratory provided by the State and made to go over the ground for themselves. But any such law as is now in contemplation, we think, is not what should be aimed at. If our State Board of Health is to do the examining, they will pass on candidates in every known school of practice. We fear they will never bring themselves to require a broad general knowledge of principles, in materia medica, as well as in other branches, and then leave it to the convictions of the practitioner in just what doses or triturations he will give his medicines. For when this broad general knowledge is attained there is little doubt as to what the convictions shall be. There are, however, one or two measures on which all reasonable men in every school of practice might agree. These are, first, some legislative action by which all mushroom institutions might be rooted out and forever prevented from raising their heads. For instance, no medical college should be allowed to turn out practitioners which cannot provide ample, more than ample, clinical facilities. No college then could be conducted in any small place. Nor should any college be allowed in any way to lower its standard. A college which starts out with a brilliant announcement of a compulsory four-year-course and then backs down to requiring only two years or less should have its charter revoked perpetually. In the

second place, a law might be passed requiring a certain amount of knowledge before the student can be allowed to enter college. The State Board of Health might superintend this part to advantage. The requirements should include all the common school branches, mathematics, physics, a reasonable amount of chemistry, with an elementary knowledge of botany, mineralogy, geology, astronomy, and languages; that is, it should be equivalent to at least two years of a college course. With this amount of preliminary acquirement, and industry and good moral character, required as prerequisites to candidacy for a medical degree and its accompanying right to practice, there is little doubt but what the profession can be left to regulate itself. This will accomplish more for professional advancement and purity than any measure which has to be submitted to some prostitution to politics and quackery before it can succeed. In fine, we are heartily desirous of limiting the legal right to practice to those who have the intellectual right, but we question the advisability of its supervision being left virtually to a political body.

An Article on the Etiology and Prophylaxis of Diseases of the Genital Organs in Woman, by Prof. Schulze, of Jena, appeared in the Wein. Med. Blaetter (Deutsche Medicinal Zeitung). According to Schulze, catarrhs of the uterus, with watery and especially purulent secretion, arise from infection through the atmosphere. They are rarely absent when the vulva is patulous or in lacerated perineum. Restoring the latter is often sufficient to cure the catarrh. In virgins, who do not infrequently suffer from catarrh of the uterus. though the vulva is closed, during the menstrual periods when the menstrual fluid moistens the external parts, a road is constructed along which infectious materials may reach the uterus. For this reason Schulze advises the patients to wear salicylated prepared cotton during menstruation, which may be changed as often as necessary. He also allows the lochia to be absorbed by salicylated cotton, after confinement, to exclude the atmospheric air or at least to filter it, so to speak. As a prophylactic we must use these precautions, not only with the sick and confined, but also with healthy girls and women, and Schulze does not doubt that, by an extended use of this simple means, the growing generation will be less afflicted with diseases of the genital organs.

Ricordiana.—Chicago Medical Journal: The French doctor is fond of flavoring his professional work and reading with literary digressions and witty sayings. A surgeon or physician to be really great in Paris must utter an occasional epigram. There are amusing anecdotes told of every prominent Parisian medical man. There exists a collection of these "morceaux choises." To judge from the collection, Ricord is the greatest man in Paris. The book is full of stories about him. Here are some "Ricordiana:"

"Ricord is a savant whose researches have rectified an important point in mythology. He has demonstrated that it was not Vulcan, but Mercury whom Venus should marry."

"Some one asked Ricord, if small-pox and the other were of the same family. 'They are sisters,' said he, 'but not of the same bed.' "

" 'The condom,' says Ricord, 'is a cuirass against pleasure and a cobweb against danger.' "

"At the Convent of St. Jean de Latran there is preserved a famous relic in the shape of a serrated ring used by a mediæval saint for the discipline of the rebellious flesh. Ricord was one day asked by a young lady, an ingenue de salon, what was the character of this relic, made doubly famous by the witticisms of Voltaire. 'Ah, yes,' replied he, 'it is a crown of thorns.' "

A Surgeon once jeeringly asked a Quaker if he could tell the difference between "also" and "likewise." "Oh, yes," said the Quaker; "Sir William Ferguson was a great surgeon—his skill as an operator was admitted by almost every one. You are a surgeon 'also,' but not 'likewise.' ".

Kolomnin, of St. Petersburg, has recently taken occasion (Boston Med. Jour.) to recommend ignipuncture as of greater use in many joint affections than the actual cautery, extension, or even immobilization. He considers it indicated in all fungous troubles about the joints during the period of bony growth in which there is enlargement and tenderness of the epiphyses, and in coxitis where the disease originates in the femoral epiphysis. It is the best treatment in osteitis of the foot and wrist in children, in tuberculous osteitis and osteomyelitis. The best results are obtained in cases where there is pain in movement and tenderness of the articular ends of the bones. In cases of chronic synovitis, with absence of pain and tenderness, the results of this treatment are naturally not so favorable. An anæsthetic should always be used. The thermo-cautery is the most convenient instrument for the purpose. Strict antiseptic precautions are essential. One may make (1) superficial punctures, burning more or less deeply the infiltrated tissues about the joint; (2) cauterization to the bone and its superficial surface; (3) cauterization of the integument, infiltrated tissues, surface of the bone and part of the spongy structure; (4) cauterization of the marrow and epiphysis after trephining through the latter. This line of treatment, in the opinion of the editors, bids fair to show better results than have ever before been attained in in the treatment of tuberculous disease of the bone, and is the one he has already recommended and practiced in those cases treated of on p. 295 et seq., the present vol. of the Review.

Dr. Schilling Recommends, in the Allgem. Med. Central Zeitung, the administration of ergot in conjunction with salicylic acid or quinine (Medical Record) to obviate the unpleasant effects of those drugs. In cases where large doses of salicylate of soda had produced congestion of the external auditory canal and membrana tympani, he had found that the use of ergot was followed in every case by a cessation or marked diminution of the tinnitus and deafness. The dose of ergot, which should be the aqueous extract, is about one-tenth that of the salicylic acid, the antipyretic effect of which does not seem to be influenced by the ergot. Similar results were obtained by combining ergot with quinine.

In a paper on "Food Adulteration" (Sanitarian), Prof. A. B. Prescott brushes away a current sophism, that as many adulterations of food are harmless tricks, health authorities need not meddle with them. He shows that the English law against adulterations has been much more effective since it ceased to excuse adulterations on the ground of harmlessness, and urges that to permit even harmless adulterations, by taking away from consumers the right or power of choosing their food, breaks down one of the great safeguards of health. "The wrong may be done in the spirit of gain, rather than that of murder, but none the less it becomes a robbery of 'the very means of life.'"

At the Last Congress of the American Laryngological Association (Medical Record) Dr. Frank Donaldson recommended the destruction of nasal polypi by chronic acid. His method of applying the acid is either in minute crystals or in a solution of one hundred grains to the ounce. He first moistens the mucous membrane with a lead lotion, so as to protect it, and then taking the paste, with a very thin and pointed glass rod, he sticks it into the center of the polypus, and by turning it around wipes off all the acid in the growth itself. He says the polypus at once crumbles, and can be removed by the forceps without pain or hæmorrhage. This treatment is not as valuable in the fibromata as in the gelatinous polypus.

Home Health is the title of a new journal, published at Peoria, Illinois, by Dr. Thomas McIlvane, who is also the assistant editor, Dr. Romaine J. Curtiss filling the position of editor. The object of the journal is the instruction of the laity in sanitation and hygiene, and therefore should have a wide circulation. We wish it success.

In the May number of the "Annals of Anatomy and Surgery" Dr. W. H. Mastin, of Mobile, has an article on "Chylocele of the Tunica Vaginalis Testis." This affection is so rare or so neglected that only five cases have ever been put on record, the fifth being his own; the first was by Vidal, the second by Rathnum, the next by Ferguson, and the fourth by C. H. Mastin. Externally, the trouble is indistinguishable from hydrocele; the difference being that the chylocele contains a milky fluid quite different from the clear serum of the other. The trouble undoubtedly is a leakage of lymph into the tunica vaginalis; while in the fourth and fifth of the above cases, after free incison of the skin and tunica and evacuation of the fluid, a little nodule was discovered on the surface of the testicle, which looked like a vascular wart, lacking of course the blood-red or nævus appearance. This was found to be, in each case, a series of loops formed by dilated lymph vessels, and after ligation and separation the lumen of the vessels was very clearly made out. The site of escape being closed, thus the patients made a rapid and permanent recovery. Vidal (de Cassis) termed this affection galactocele, but Dr. Mastin prefers the better term he has given it. Probably as attention is called to these cases some one or more practitioners may recall cases which they took to be hydrocele, but which on tapping gave vent to milky fluid. We shall be glad to learn of any such.

The Testimony against the pernicious idea of the disease theory of inebriety is accumulating. In addition to the ideas advanced by Dr. Everts in a former number, we find in the Western Reporter for February, 1883, an article from Dr. Earle, who has been the physician of the Washington Home of Chicago for more than ten years, during which time he has treated more than four thousand cases of inebriates. His article concludes with the following remarks: "The attempt to relieve all the disorders of one addicted to dram drinking *seriatim* is absolutely impossible, and to constantly advocate that all these minor and trivial ailments are part and parcel of a great and complicated disease is to directly encourage men to become satisfied that they are not responsible for their actions, that they drink because they cannot help it, and that at best they are only invalids, and should be coddled and doctored throughout life."

Removal of Carious Vertebræ.—Dr. Boeckel relates the history of a case (Schmidt's Jahrb.—Med. Rec.) in which he removed the carious portion of the bodies of two vertebræ (dorsal) by means of the curette, with gratifying success. He concludes that this operation is not so difficult as it might seem. The resection of an inch or more of a rib affords room enough for the finger to reach the diseased bodies. The danger of wounding any of the large vessels in front is not so great as it seems, since the pus has already made a sinus which serves as a guide. The bodies of the lumbar vertebræ may be reached by an incision at the outer border of the sacro-lumbalis. The same operation is indicated in gun-shot wounds of the vertebral bodies. In these cases the principal difficulty lies in determining the location and extent of the injury.

And Now We Have yet another rival to atropia in ophthalmic therapeutics in the shape of the hydriodate of hyoscyamin. A report of twenty cases in which it was used at Prof. Seeley's clinic is published by Dr. Tangeman in the Cincinnati Lancet and Clinic, May 5th. In all cases only one drop of a four-grain solution was used. The ciliary muscle is affected in five minutes, while mydriasis is usually complete in ten minutes. Even spasm of accommodation yielded in this time. The paretic condition begins to disappear in thirty-six to forty-eight hours, and accommodation is normal in four or five days. In the matter of time, then, it holds a place between atropia and homatropia. It is moreover claimed that it causes much less dryness of the throat or other disagreeable symptom than either atropia or duboisia, while producing its first effect quicker than either.

Malaria is not, perhaps, a frequent complication of syphilis in this country (Med. and Surg. Reporter), but the treatment employed in such cases by Sigmund will, without any doubt, prove applicable to many cases occurring in our large cities, where the individuals are, to use a common expression, considerably run down. The essentials of treatment are as follows: 1. Each morning rub into the groins or elsewhere, five grams of mercurial ointment. 2. At bed time the patient will take two pills, prepared according to the following prescription: R. Ac. arsenious, gr. ij.; ferri protochlorid, gr. xv.; quiniæ sulph. gr. xlv.; ext. gentianæ, q. s.

Et. ft. pil. No. 100 of three grains each. Augment progressively the dose from two to six pills.

A Case of Vesical Calculus in an infant, aged one month, is reported by Troizki (Wratsch, Nov. 7, 1881). When two weeks old, it began to cry whenever it micturated; but the mother soon found that if she held the child head down it could pass water easily. Suddenly micturition became impossible and retention was evident. He found the bladder distended, and during the examination noticed a foreign body in the course of the urethra. Efforts at its retraction failing, he injected the urethra with almond oil, and then by pressing behind the body was finally able to coax it out of the urethra. It proved to be a uric acid calculus, which weighed 25 centigrammes, was 8 mm. long and 5 mm. thick. It must have begun to form during intra-uterine life.

A Rare Case of fracture of the clavicle is reported by Mr. Willis in a recent number of the Lancet. A man of fifty-four fell off a hay-rick on his outstretched hand and shoulder. On examination a simple fracture of the sternal end of the clavicle was discovered within a quarter of an inch of the head of the bone. The outer fragment rode high in the neck from the action of the clavicular fibres of the sterno-mastoid. The inner fragment was not displaced, was freely movable. A plaster dressing was applied and he made a good recovery. Holmes says that such fracture, internal to the rhomboid ligament, has not been proved. There are only about seven such cases on record by English and American writers.

In a Paper recently read before the East Surrey District of the South-Eastern Branch of the British Medical Association, on the use of Anæsthetics during Labor, Dr. Savill indicates what he believes to be the main precautions, the observations of which would render the use of chloroform perfectly justifiable (British Medical Journal). 1. There are certain women who have a tendency to flood at every confinement, and others in whom there seems an already too great relaxation of fibre —weak anæmic females in their eighth or tenth confinement; and to these it would be unadvisable to give chloroform, except for necessity. Happily, it is not these women who suffer the most pain, but rather those strong healthy primiparæ whose pelves and general build approximate to the masculine type. 2. We should not give it when labor is complicated with severe vomiting, or with acute heart or lung disease, unless there be imperative call for it. 3. It should not be given to the full extent, except for operation, convulsions, or spasm of the cervix; and then it is most necessary that one person should devote his entire attention to it. 4. The inhalation should be stopped directly we fine the pulse becoming very weak, or the respiration irregular. 5. Anything which makes us suspect a fatty or enfeebled cardial wall should make us cautious in the use of chloroform. Here, as in cases other than those of labor, it is not the most extensive valvular disease (so long as it be attended by compensating hypertrophy), but the atrophied or degenerate wall that constitutes the source of danger. Unfortunately, the signs of these conditions are subtle and uncertain. Fatty heart may be suspected by an exceedingly feeble cardiac impulse, combined with an almost inaudible first sound; or attacks of dyspnœa, vertigo, and syncope, in the absence of anæ-

mia, or valvular lesion; or the copious deposit of fat in other parts of the body, and the occurrence of dropsy without adequate cause. A dilated heart may be suspected by increased area of præcordial dullness, combined with epigastric and venous pulsation, and a want of correspondence between the violence of the cardiac and the strength of the pulse. Pericardial adhesions also form a great source of danger. They may be suspected when the heart's apex is fixed above its normal position, and does not shift with respiration; or when there is depression instead of protrusion of intercostal spaces over the position of the apex, giving a wavy character to the cardiac impulse. 6. In all cases we should take extra care to prevent the occurrence of hæmorrhage after birth; by giving a full dose of ergot when the head reaches the perinæum; by ceasing the chloroform immediately it is born; and by rousing the patient from her lethargy as soon as possible.

Diawin has Used in Many Cases of gangrene and ulcers, as well as recent wounds, trichlorphenol in 5-per-cent. solution as a wash and 1-per-cent. for permanent dressing. (Petersburger Med. Wochenshcrift, 1883, No. 38.) For cleaning gangrenous parts and setting up healthy granulations, four to six days are usually sufficient. Sometimes trichlorphenol in powder was applied and allowed to remain on the wound for from five to eight days. The author formulates his results as follows: Trichlorphenol possesses twenty-five times the disinfecting property of carbolic acid. Minimal quantities destroy fermentation in wine, urine and blood. As an antiseptic it, with its salts, excels all of the usual antiseptics, as hypermanganate salts, chloride of lime, carbolic, salicylic and boracic acids, thymol, etc., and in addition to its disinfecting properties, it is a potent deodorizer. The peculiar odor of trichlorphenol is entirely removed by the addition of oil of lavender (five drops to 30.0 grm.). When used in substance it exhibits a slightly caustic action. In solution, however, it does not irritate in the least degree. So far it has not appeared whether any general symptoms occur after resorption takes place. In this respect further experiments are awaited with interest.

The Medical News says that M. Onimus, who is known to be one of the highest authorities on the physiological effects of electricity, has lately been studying the effects of different electrical currents on uterine action. He maintains that the unimpregnated uterus contracts but feebly under the stimulation of electrical currents, as, indeed, of other agents. In the gravid state, on the other hand, its excitability is far greater. He finds that galvanism has more effect than faradism, and that both currents act more vigorously when the uterus is spontaneously in action, a fact in entire accordance with professional opinion.

Schaff Recommends Iodoform on account of its gently caustic action as an anodyne application to exposed tooth-nerves (Deutsch. Med. Zeit., No. 12). The circumstance that a single or repeated application of iodoform does not produce any irritation, much less any inflammation of the periosteum, and the double function of the remedy as a cleansing and disinfecting agent, make it especially appropriate as a caustic, particularly before the introduction of a temporary filling. The author uses a paste consisting of iodoform powder, gr. 60; kaolin, gr. 60; carbolic acid, gr. 8; glycerine, q. s.; oil of pepermint, gtt. 10. Triturate the iodoform, kaolin, and oil of peppermint with enough glycerine to form a thick paste.

The President has officially directed the treasury department to permit the surgeon-general of the Marine hospital service to expend what is known as the epidemic fund, or so much thereof as may be necessary to assist state authorities in preventing the spread of epidemic diseases, and the money to be expended in accordance with the existing regulations of the marine service.

The London Medical Record, February 15, 1883, says that Dr. M. V. Saveljeff, of Vladimir, confirms (Vratch, 1882, No. 16) the results published by Dr. D. T. Sokoloff (London Medical Record, April, 1882, p. 144), and A. Masalitanoff (Ibid., November, p. 452). Having followed the advice of Prof. Botkin, he has since 1878 employed clay-cakes in about one hundred cases (Atl. Med. Reg.) of cardiac organic diseases, cardiac neuroses and palpitations of every kind, and invariably met with most remarkable success. He takes common red clay (instead of Sokoloff's sculptor's clay, or Masalitanoff's plaster of Paris), moistens it with water until a thick paste is formed, makes a cake of a palm's size and of a finger's thickness, and then applies it to the cardiac region. Pain disappears within eight or ten minutes, palpitation within ten to fifteen. A cake dries in feverish patients in two or three hours, otherwise in five, and then is to be changed. Clay-cakes are beneficial not only in cardiac cases. The author himself has suffered from paroxysmal neuralgia in the region of the left kidney, the attacks being very severe, and lasting from six to eight hours, in spite of the use of narcotics. Of late, he began to apply clay-cakes to the painful region every time when a paroxysm was coming. Since then the paroxysms have had a duration of only half an hour or so, and appear far more rarely. In conclusion, the author states that the Vladimir peasants from time immemorial have employed red clay-cakes (all over the body) as a cooling remedy in febrile cases of every description.

The Following Practical Points are set forth by Schulze, in a recent monograph upon uterine displacements (Berliner Klin. Wochenschr., No. 32). The normal condition of the uterus is one of very free movement, as can be readily demonstrated in the living subject. Changes of position that are permanent are pathological deviations. Restriction of normal movements is the characteristic sign of displacements. These consist in (1) fixation of the organ through the inflammation, and (2) malposition resulting from relaxation of the ligaments. In the first class, treatment should be directed against the inflammation; in the second, the weakened ligaments should be assisted by mechanical means. Dysmenorrhea and sterility in anteflexion and anteversion arise not from change of position, or supposed stenosis, but are due wholly to the coexisting metritis or perimetritis. Treatment should be directed against the inflammation, and not against the assumed stenosis or the malposition. In reflexion on the contrary, mechanical treatment is indicated.

At a Recent Meeting of the Clinical Society of London (Med. and Surg. Reporter) Mr. T. Holmes related a case of a young man suffering from an ulcer of the leg, which presented all the appearances of epithelioma, both to the naked eye and under the microscope. It was very large, almost isolating the tendo-achilis, and was accompanied by the swelling of the inguinal glands. Mr. Holmes considered that in former times these symptoms would have been considered to warrant amputation. In this case he removed all the epitheliomatous issue, and then made a free application of the actual cautery. Sound cicatrization ensued, and the enlarged glands subsided entirely. Many other gentlemen related their experience in this matter, which was all corroborative of Mr. Holmes', who closed by saying, he suspected that many growths originally local tended to become epitheliomatous and constitutional in type. His case certainly corresponded to the ordinary descriptions of epithelioma, and he would urge that such cases, if early treated, might result in the extirpation of a disease rapidly becoming malignant.

M. Vigier, in the Gaz. Hebdomadaire, January 26, gives the following preparations as the best in the treatment of pruritus vulvæ: 1. Gowland's lotion, which contains 15 centigrammes of sublimate to 100 grammes of milk of bitter almonds. 2. Vidal's lotion: this contains 3 or 4 grammes of chloral hydrate to 100 grammes of rose-water. After each ap-

plication the part to be dusted with starch powder. 3. Gueneau de Mussy's pomade: Glycere of starch, 20 grammes; subnitrate of bismuth and bromide of potassium, aa 1 gramme; calomel, 20 centigrammes; and extract of belladonna, 25 centigrammes. To be applied every evening to the pruriginous regions.

To Settle the Question whether or not it is possible for ova to travel across the peritoneal cavity or that of the uterus, Dr. Leopold, of Leipsig (Medical Times and Gazette), has performed some important experiments. In these he made use of eight rabbits. In each case he opened the abdomen, tied the right Fallopian tube in two places and cut out the piece between the ligatures; the left ovary was carefully removed, then the abdominal wound was closed, After thorough recovery each animal was put to the male. In six cases the result was entirely negative, but in two pregnancy followed. The abdomen of the latter was opened; in one, four placentæ were found in the left horn of the uterus, and one in the right. He thinks these experiments settle the question. In these rabbits ova could only reach the uterus by travelling across the peritoneum from the right ovary to the left Fallopian tube; and could only get into the right horn of the uterus by passing down the left horn and up the the right. They prove, therefore, that it is possible for ova to migrate, not only across the peritoneum, but across the uterine cavity.

If a Specimen of either atropine or daturine, or of their salts (British Medical Jour.) be covered with a little fuming nitric acid, evaporated to dryness on the water-bath, and when cold moistened with a drop of a solution of caustic potassium in absolute alcohol, a violet color is at once produced, which soon passes into a fine red. The violet color only is characteristic, since strychnine, when similarly treated, gives the red. One millionth of a gram of atropine sulphate can be thus detected. None of the other alkaloids act similarly.

A Case of Cystocele Complicating Labor is reported by Mr. John H. Whitham, in the British Medical Journal. He says: On January 10, a patient of mine, who was pregnant, complained to me that she had had "bearing-down pains" in the lower part of her body, and that she thought something had given way. I made a digital examination, and found a tumor protruding through the vulva. I could pass my finger behind it, and could recognize the os uteri high up and looking backwards; but anteriorly the tumor was attached. I concluded that it was a case of cystocele, and ordered my patient to preserve the recumbent posture, making frequent use of the catheter myself, to prevent accumulation and decomposition of urine. The case went on without any inflammatory symptoms until labor set in on the 19th ultimo. Early in the labor, the bladder and rectum were emptied. As the patient had a very roomy pelvis, I found that at first I could replace the tumor, and hold it up above the pubes by means of two fingers; but, as the pains began more intense, I was obliged to withdraw my fingers, and, in doing so, the bladder followed them. I then consulted with Dr. Dobie, of Keihgley, and the result was that I gave the patient a full dose of ergot, placed her in the knee-elbow position, replaced the tumor and held it in position until the next pain brought down the head well into the pelvis. After this, there was no further trouble; the case was quickly and easily terminated without further complication. I have reported this case, not because any extraordinary treatment was adopted, but because I had to deal with a complication which is apparently rare, since I have fruitlessly consulted on this point several well known midwifery books.

At a Recent Meeting of the Medical Society of London, Dr. Routh read a paper on a case of poisoning by citrate of caffeine. The effervescent citrate of Bishop was intended, but the pure citrate was sent. The patient recovered. The president did not know of any similar case in men. The caffeine was like theine and the alkaloid of cocoa and par-

aguay tea, in increasing the power of muscular effort. Dr. Thorowood mentioned cases in which citrate of caffeine had been useful in cases of asthma. Dr. Gilbert Smith had given citrate of caffeine in cardiac and renal diseases, and in asthma. Dr. Routh, in reply, had noticed no convulsions, only marked muscular tremors. There was certainly paralysis, and the man had to be carried up-stairs. There was nothing like tetanus.

Kunze (Neurol. Centralb.) treated thirty-five patients suffering from epilepsy, with completely successful results in nine of them, by curare (Practitioner). Complete recovery occurred in very severe cases of epilepsy, even when the disease had existed for years, and the intellectual faculties had become affected. Acting upon these results, Professor Edlefsen has investigated anew the effects of curare in certain grave cases of epilepsy. He employed the formula recommended by Kunze, filtering the solution before injecting it—Curare, 0.5 grammes; aq. dist. 5.0 grammes; acid. hydrochlor. gtt. 1, digere per xxiv. horas, dein filtra. Of this solution one-third is to be injected every five days; as a rule it neither causes much pain nor any noticeable reflex symptoms; in no case did it cause any toxic phenomena; still it is necessary to ascertain the trustworthiness of the preparation of curare before employing it. Two cases of hystero-epilepsy were not benefited, whilst of thirteen cases of true epilepsy, the majority characterized as severe cases of old standing, six were not permanently improved, whilst three were completely, and up to the present, permanently cured. Three other cases, although not cured, were distinctly improved, the attacks being interrupted for several months. One case is still under observation, and promises to be successful. Prof. Kunze recommends that the treatment be given up if there are no signs of improvement after the fourth or fifth injection. Dr. G. Ferraud sums up the recent results of treatment with bromide potassium at the Salpêtrière (Paris). The cases of eighty-nine female patients are analysized as follows: Thirteen per cent. very greatly benefited; fifty-seven benefited; eighteen slightly benefited; twelve not benefited. Minimum daily doses of 5–6 grammes for women and 6–8 for men are recommended. Legrand du Saulle continues to give the salt on six days of the week for the first three months after the fits have ceased for a year, and afterwards on three successive days in each week. Arsenic is found useful in the acne produced by the bromide, and to avoid serious weakening of the memory, coffee is ordered for all patients whose daily dose is more than seven grammes.

Prof. C. Braun of Vienna reports a case in the Allgem. Wien. Med. Zeit. to which he was summoned, the patient being regarded as moribund (Practitioner). She was in the first half of her pregnancy and extremely reduced in consequence of intractable vomiting. The physician in charge had decided on producing premature delivery as a last resource. Prof. Braun, who has often opposed this practice, decided instead to bathe the vaginal portion of the cervix with a 10 per cent. solution of nitrate silver. This was done, and the surface quickly dried to prevent further cauterization. The success of the treatment was so immediate and so great, that an hour afterwards the patient enjoyed a meal of roast veal, and there has been no vomiting since. Prof. Braun thinks that hyperemesis should be expunged from the list of indications for artificial abortion. He has never seen a case of death from hyperemesis. In France, where abortion is frequently induced to relieve this symptom, it is found that the vomiting is thereby stayed in only 40 per cent. of the cases, while in 10 per cent. the operation has been fatal.

A Dealer in boots and shoes, to make his sign striking, had lettered upon it, "mens conscia recti." A rival in the vicinity, wishing to outdo his competitor, had his sign emblazoned with "mens and womens conscia recti." The latter was not in good Latin, but it drew the most customers.

CONTRIBUTIONS.

REPORT ON OBSTETRICS.

BY E. L. HERRIOTT, JACKSONVILLE. ILL., M.D.

Read before the Illinois Medical Society, Peoria, May, '83.

A report on the department of obstetrics would necessarily imply a great deal, as the ground to be traversed is broad and the path to be travelled by the obstetrician long and crooked, embracing the period from the time of conception, through gestation, to the completion of parturition, with all its concomitant attendants, requiring the practitioner of this art to have a thorough scientific knowledge of anatomy, physiology and pathology, as relates to the productive organs, and the art of therapeutics as applied to sexual affections.

However, your committee are expected to allude only to those portions of the subject as they may have been able to unearth anything new, or anything interesting, which has proven itself by practical observation to be worthy of further adoption.

In this direction the efforts of your chairman have been but meagerly rewarded in gathering such information as would enlighten this intelligent body. In the first place, taking not only a retrospective but also a prospective view of the subject throughout, from a standpoint among the conservators of the general welfare of the human race—and especially whose business it should be to look after the germ from the very beginning, that it may be properly matured and delivered in such a condition, if possible, that each succeeding generation may be an improvement, physically and mentally, upon the preceding one—it leads us to suggest that here is a point, for discussion at least, on sanitary legislation. We refer to the matter of matrimonial contracts being regulated and governed by statute or otherwise under sanitary regulation, guided by intelligent medical men.

This, no doubt, on first thought, would be pronounced absurd and impractical; and for the present of course it is. But with a national board of health, such as our great State of Illinois now enjoys, intelligent, shrewd and energetic, with a purpose bent upon securing and accruing immeasurable benefits for present and future generations, with competent boards in each State to act in conjunction with and under it, nothing for the good of the human race will be impractical in course of time. Why should it be? While we are vigorously at work adopting sanitary measures for the prevention of disease, suffering and misery in the race as it now is—of whom a large portion are brought into existence with the virus already coursing through their veins and lying latent in the glandular system, whose constitutions are not possessed of sufficient health-giving vitality to ward off morbid external influences, yet who, for the lack of an intelligent training on this subject, and largely on account of a careless indifference in the matter as regards consequences, stand ready to inflict their own ills on future generations, swelling the number of alms-houses, idiotic and insane asylums, sanitariums, etc., besides thousands of unfortunate households who strive to take care of and administer to the wants of their more unfortunate members—should we not soon begin to strike at the very root of the evil?

Let us, then, imitate Lycurgus, who for the improvement physically and the better education of the Spartans, history says, went so far back as to take into consideration their very conception and birth by promulgating a law regulating their marriages. Hence, they were able to produce an army of the finest body of men that were ever known. These regulations, says the historian, founded on natural grounds, so far removed them from that scandalous liberty which was afterward charged upon their women, that they knew not what adultery meant. It is told, for instance, of Girardus, a very ancient Spartan, that, being asked by a stranger what punishment had been appointed by law for adulterers, he replied there are none in our country.

The laws of other nations seemed to Lycurgus very absurd and inconsistent, where people would be so very solicitous for their dogs and horses as to exert an interest and even pay money to produce fine breeding, and yet paid no attention to the breeding and rearing of their own races.

This subject has a range too extensive to make more than a mention of in this paper. Let us strive in time, however, to emulate Lycurgus in this respect as well as in his other many virtues.

Let us now come to the more practical subject. By the answers to questions addressed to members of this society on the general points of interest connected with this department, we had expected to be able to present the relative proportion of natural to unnatural labors as occurring to them the last year, but have failed in this, owing, we presume, to some extent, to the difference of opinion as to what constitutes an unnatural labor.

We will state, in this connection, that a large number of answers were received in answer to our circular, containing, if not new, very practical ideas, many of which were detailed at length, from which we have undertaken only to express the essence in a condensed form, as all that our paper would admit of. For this courtesy extended and assistance rendered us, we extend our most grateful acknowledgment to one and all.

Position in labor is the first thing that engages our attention.

Dr. Engelmann, of St. Louis, has from different sources, more especially through the medical staff of the army at the outposts on the frontiers, collected a quantity of evidence to show by the lesson taught us by the children of nature, the North American Indians, North Mexicans, and the aborigines of this country generally, that the natural position in labor is the semi-upright position, grasping a rope or vine with the hands above the head, it being attached to the ceiling, a tree or stake, throwing the body forward in a half-kneeling position, sometimes being suspended by the rope or vine placed under the arms.

George W. Adair, M. D., U. S. A., claims that it pulls the pelvis forward, hinged as it is on the acetabulum, overcoming the dip of the plain of the superior strait, and straightens the passage with great efficiency and certainty. These people are also credited with employing massage, even to a disastrous extent, when labor proves tedious, by laying the patient on the floor or ground, the midwife jumping on the abdomen with the feet, making pressure from above.

Are we to heed this also as an instructive lesson from the children of nature?

The upright or semi-upright position is, however, pretty generally condemned by the modern obstetrician as favoring post-partum hemorrhages, prolapsions, etc.

Knee-hand or knee-elbow position has been recommended by the ablest obstetricians for stout or muscular women as far back as the days of Hippocrates and Galen.

In some portions of Russia, in Turkey, and in Greece, this position is still retained as the most practical. Ramsbotham says it relaxes the pelvic cavity and renders it more favorable for version.

There is but little difference of opinion as to choice of position of the patient in labor among our numerous responses, all perhaps allowing her to choose and change her position at will during the early stage, except by those who see fit to administer an anæsthetic early in labor. During the second stage all, with the exception of three, prefer the dorsal position, with knees drawn up, as it is convenient for the accoucher, both for the purpose of ascertaining definitely the presentation and for guiding the head from too much pressure on the perineum through the rectum when necessary; also, patient can control the most expulsive force. One suggests straightening the limbs during the last few pains, as it gives a greater relaxation of the perineum, with less danger of laceration. This conforms to the views and practices of your reporter. The few who have a preference for the left side, give as a reason convenience to the accoucher, with less liability to rupture of the perineum.

Previous to the early and general use of anæsthetics, your reporter has found it, if not absolutely necessary, at least unavoidable, to have the patient assume all sorts of positions, regardless of the benefit to herself or the convenience to the accoucher; but now that for many years he has adopted this happy method of conducting labor, he finds no trouble in retaining the patient in the supine position, where she can roll or be rolled from side to side, thus aiding the fœtal head in its descent until the last expulsive efforts are to take place, when she is retained in the dorsal position.

As to the use of ergot, nothing very new has presented during the year. The reaction still goes on almost to the extent, with some, of excluding it entirely during the puerperal state.

In a paper read before the Gynecological Society, held in Boston September last, by Dr. Joseph T. Johnson, he expresses himself thus: "Viewing the use of ergot as a whole, I think the race would be better off without it altogether."

One respondent to our circular thinks it would be no loss if expunged entirely from the list of remedial agents. This is surely too great a wholesale sweep against such a potent remedy.

Ergot no doubt has done harm, and that it is capable of doing a great deal of harm scarcely anyone will deny. Yet a very small per cent. of our respondents claim they get no effect from the drug whatever. Others claim it to be very uncertain. "You may get an effect and you may not." While a very large per cent. say it is too fierce in its action, producing tetanic contractions or an excess of continuous ones that are uncontrollable, and some times causing an extreme plethora of the parts, pro ducing a predisposition to puerperal peritonitis, phlegmasia dolens and kindred affections, when given to increase the expulsive efforts or to energize the inert organ, while but a very small per cent. from their experience with it claim it to be invaluable for this purpose.

As a substitute for ergot in inertia, or for the purpose of producing a greater degree of contractions, quite a number resort to the administration of quinine, and claim it to be more reliable, with no danger of producing any deleterious consequences.

One or two have used gossypi with some degree of success and no danger. Some are using ustilago maidis, or corn ergot, they claim, with more certainty than the ergot of rye, and with less of that uncontrollable fierceness that is so productive of danger. One uses borax with very satisfactory results. It is claimed by another that the uterine contractions are subject to the will of the obstetrician to an almost unlimited degree when the case is at full term, by kneading the abdomen, together with digital manipulation of the os. It is true much can be done in this way to induce and excite

nervous action when it can be well borne without annoyance or suffering to the patient; but so often do we find such a sensitive condition of the whole region, that without the use of anæsthetics this procedure is impractical.

Almost all, however, admit the value of ergot administered during the time or soon after expulsion as a prophylactic against hemorrhage, and in securing involution. It is the observation of your reporter that where no effect has been obtained from the administration of a good article it has not been properly assimilated.

The condition of the stomach is often such during labor that liquids of all characters, except it may be alcoholic stimulants, may lay there for hours until there is too great an accumulation, when it is ejected. Consequently we are more certain of an effect from the drug when given with an alcoholic stimulant or hypodermically. Given by either of these modes in small doses frequently repeated, but not continued too long, we have rarely been disappointed in getting beneficial results, both in aiding the expulsive effort as well as a safeguard to a certain extent against hemorrhage, and also securing retraction of the womb without incurring those intense continued contractions that so endanger the life of the child, and subjects the mother to a train of disasters that often follow large doses of the drug.

The next thing that claims our attention is instrumental labor. Perhaps no instrument has ever been invented that is capable of being of more universal service to mankind than the obstetrical forceps, from the fact that there are always two or more lives at stake when the forceps are called into requisition.

A very large proportion of our respondents express much greater confidence in the use of them when there is no complication, but simply tedious labor, than in the use of drugs as uterine stimulants, and especially ergot.

As some express it, "Forceps they can control; ergot they cannot." While only a small per cent. do not approve of their use until every possible means have been exhausted, and we presume the patient also.

We are truly glad that the prejudice against their use for the purpose of shortening tedious labor is growing beautifully less among the profession; but it still remains to be overcome with the general public in many communities.

Many old ladies and not a few younger ones are still of the impression that the use of instruments in a case of labor means death to both mother and child.

The relative danger to both mother and child being in proportion to the length of time the labor is continued, the natural progress not being satisfactory and all things favorable for their application, the obstetrician is derelict in his duty if he do not terminate the labor, end the danger that awaits both mother and child, and avert the long train of ills that are so apt to follow the exhausted patient. Lusk in his late work says: "Forceps are alone indicated in the presence of perils fully developed, but are still of greater service as a prophylactic against the dangers attendant on an unduly lengthened second stage."

"The danger of central perforation is best averted by applying forceps and bringing the arch well under the pelvis." Still we do not advise that the accoucher go forceps in hand, and for his own convenience seize upon the first practical moment to apply them and deliver; but let his hand be well tutored to their use, a well matured knowledge as to the powers and deficiencies of nature in his case, know when to assist, when to desist, and govern himself accordingly.

Anæsthetics in Labor. — We expressed our views on this subject in a report to this society in 1880, which embraced our experience of fifteen years with and without its use. Since then we have had no occasion to make any observation without, except where the patient or friends absolutely opposed, and this has been exceedingly limited. By their use the fears of the accoucher, as to lacerations, exhaustion, and a train of troubles following, are to a great extent allayed by thoroughly relaxing the circular fibres of the os uteri, and all the soft parts, without arresting contractions of the body of the organ upon its contents; by allaying reflex irritation, allowing the organ to exert only its natural powers untrammeled, seldom calling into requisition the aid of the forceps, yet when they are required every preparation for their use has been completed, and no dread fears of them excite the patient. The annoying, cutting and exhausting pains before and during the relaxation of the os are abated; the dreaded agonies that are to follow are shorn of their terrors; finally, strength and tranquility reign supreme, instead of that crushed, lacerated and exhausted feeling from having had the arms almost torn from their sockets in the desire to aid the expulsive efforts. Hearing that welcome sound, the cry of her child, scarcely can she realize that the dreaded torture is over, but the time recently passed has been like a fairy dream to her. But enough on this branch, as it is found fully detailed in the Transactions of 1880, which contains practical facts.

As to the expulsion of the placenta, there is no period of labor where good judgment and skilled management are more important. Playfair says, the cardinal point to bear in mind is, that it should be expelled by a *vis a tergo*, and not drawn out by a *vis a fronte*. Consequently, the esti ate recently

made on the average strength of the umbilical cord, by Dr. Neville, of Ireland, is not of much advantage in this respect. In one hundred and twenty-five cords his experiments show in those where the blood has been allowed to flow an average strength of twelve and five-twelfth pounds. Where it was not allowed to flow, eleven pounds. After the expulsion of the child, the attendant seats himself by the side of the patient, places the hand over the abdomen, and gently grasps and kneeds the organ until normal circulation is established; then, grasping the organ more firmly about its centre, squeezes continuously and firmly in a manner to expel the contents, keeping the fundus above the little finger and heel of the hand that the organs may be retained well up in position, while he makes very gentle traction on the cord with the other hand.. After the expulsion, it should then be held and kneaded until it is found well contracted. The placenta expelled with caution in this manner is a material safeguard against hemorrhage. Nothing particularly new has been offered during the past year, in the treatment of the latter. Lowering the head and shoulders, ice, alum, styptics with hot and cold water inside the womb, cold and kneading externally, ergot, iron, lead, etc. internally, electricity when convenient, grasping the os with the hand and stimulating it to contraction, digital pressure over the abdominal aorta, etc., are all well known remedies to the profession.

One respondent much prefers the comp. liq iodine, used on cotton lint and applied with the dressing forceps, to the preparations of persulphate of iron.

Very cold water poured in a small continuous stream over the abdomen readily produces capillary contraction, is a remedy that is always at hand, one that will produce, perhaps, as satisfactory results as any other single remedy, though one that seems to have been very much overlooked.

After Pains.—As regards after pains, the general supposition is that if the uterus is well cleared of clots or other material, contractions sufficient to produce suffering in any degree will not occur.

Our observations disprove this, and lead us to believe that there are many cases in which the nerve structure remains in such state of excitement that it produces intense contractions when there is nothing to be expelled.

Nothing specially new has been suggested by our respondents for their control—generally resorting to ergot in small doses, opium, camphor, morphine, codia, chloral, alcohol, citrate of caffeine, etc. About eighteen months ago, we accidentally stumbled on to the administration of arom. sulph. acid, in the most distressing case we ever saw, after they had continued almost incessantly for five days, except while under the influence of large doses of morphia hypodermically administered, and was agreeably surprised with the immediate and continued relief the acid gave. This patient had suffered in the same manner after previous confinements lasting from ten days to two weeks, with only temporary relief. Since then we have employed it in several cases without a failure.

The binder has a good effect in controlling morbid contractions. A few years back a mania sprang up among many physicians to the effect that the patient was as well or better off without the binder than with it. Most of them we believe have returned to first principles. The mania never struck us and we have always been glad of it. It is certainly most reasonable to apply one, and much argument can be adduced in its favor, which seems to be unnecessary here.

In reference to management of the perineum, Mr. Alex. Duke, of Dublin, says: "If the perineum is dilated early by manual manipulation, there will be but little danger of laceration. That it is unreasonable to expect it to dilate suddenly, if yet tense when the head comes in contact with it, and is often unable to resist the powerful force upon it." When the pubic arch is narrow, he takes the additional caution of raising the left hip of the patient and supporting it on a hard pillow, while the shoulders are kept low, taking particular care to direct the head forward by the finger in the rectum, leaving the perineum untouched.

It is the disposition on the part of many physicians, when rupture occurs, to leave the case with nature, after placing the patient in a favorable position and attending to other necessary measures, without making any operation. If union does not take place, then to operate at some future time. But where they are extensive enough to admit of any doubt, the conditions of things in most cases certainly give the preference to immediate operation over one later. The patient already destined to lie in bed for a time is one. The overstretched condition of the parts at the time with a tendency to retract and close is another, not requiring deep sutures, as there will be no tension and no disposition to a separation of the lacerated surfaces. Another is, the parts are benumbed and sensation dulled. Of course much depends on the condition of the parts and condition of the patient at the time as to the decision of an immediate operation and its success.

Dr. W. L. Barret, physician to St. Luke's Hospital, St. Louis, read before the Tri-State Medical Society a new method of operating, which consists in approximating the parts completely at once without any pairing, no matter how serpentine or ragged the edges may be; fit every tongue into its place and stitch them there by superficial stitches, closing the whole gap in the same way. He does not

bind the limbs together, but treats the patient as if no operation had been performed. On the fourth or fifth day the external sutures are removed; those in the vagina are left to ulcerate and come away spontaneously. The operation performed in this way, he says, is simpler, less painful, more rational, and, he considers, more certain in its results than when the usual method is adopted.

This nicely fitting operation looks well on paper, or gives a pleasant impression to the ear when related; but when we come to do it, with all the folds and lacerated edges swollen, the picture is not so pleasing to the eye; though when followed with the proper attention for the prevention of acrid secretions lodging in the wound the results are usually satisfactory. Your reporter has operated in a similar manner on two cases with good results, but treated the patients at the same time as if there were a rupture of the perineum.

Mastitis.—We cannot pass the subject of mastitis without calling attention to it, as it is a misfortune the mother is sometimes subjected to that frequently ec'ipses all others, causing the most intense suffering and frequently incapacitating the gland for use ever after. This need never, or we had better say, with Capt. Corcoran, "hardly ever," occur, if the intelligent physician should be notified in time. Yet we all know this is very often neglected, intentionally sometimes, since many old lady nurses and mothers-in-law object to calling the "doctor" merely for a "caked breast" or the "weed," as in a recent case under our own care, although we had cautioned the young mother as to the care of her breasts, and that if any suspicion of trouble should arise to be sure to let us know at once. Of course the primary necessary procedure is to empty the affected gland frequently by natural means, if possible. So much do we dread this terrible calamity that we spare no pains in advising and cautioning the mother and nurse against trouble of this kind; and when attention is called to even the incipient stage of it, we resort to vigorous measures, as though we apprehended the most distressing case. Phytolacca has proven very beneficial in our hands, as well as being a general favorite with most of our respondents. If only in an engorged or congested state, the above administered internally, frequent and continued rubbing with the hands dipped in lard or other oily substance, and the application of the fl. ext.. of phytolacca and belladonna to the gland at night, will usually restore it to its normal condition.

If already much heat, redness, pain and swelling are present, the addition of ice bags and free purgation are the next things to resort to. Belladonna plasters, all other plasters, hot pancakes, etc., may be very good practice, merely to be doing something, but when good results are not speedily realized they should be abandoned at once, and something more efficient employed. Poultices, in our judgment, is very bad practice, at least until after suppuration is established, which should be done by the aid of the lancet as soon as pus is known to exist. Even then, we think, suppuration should be favored as little as possible beyond evacuating the pus. Supporting the breast should be done under any treatment, and after an active inflammation has been subsided, compressing the breast with adhesive straps will assist in preventing too great a flow into it, though it prevents the very efficient means of abating the remaining hardness by the frequent rubbing by the nurse and the application occasionally of a very small portion of mercurial ointment. Iodide of potassium is an efficient remedy, but should not be employed unless both breasts are seriously implicated, and it is desirous to entirely arrest the secretions.

As to Placenta Previa, it is still an open question as to immediate delivery when it is practical to do so, or to resort to styptics, tampons, etc., to control the hemorrhage, secure restoration by nourishments and stimulants, until a more favorable condition may increase the hope of a comparatively safe delivery. The bulk of evidence, however, is in favor of immediate delivery, a large per cent of our responses favoring it, unless in very exceptional cases.

M. Yarnall, M.D., in a paper read before the St. Louis Obstetrical Society January 18, 1883, reports eighteen cases; of the first nine, seven children and eight mothers survive, but he was not so fortunate with the next eight. (The last being moribund when seen, is not included.) Only three mothers and six children lived. All were delivered at the earliest practical moment. He remarks: "If at full time and the condition indicates no immediate danger, there is no question as to delivery at once, if practical. Delivery in these cases is always more or less forcible, and there are more or less lacerations of the neck and lower segment of the uterus to which the placenta has been attached, and tends to make post partum hemorrhage more to be feared than shock or any other cause following delivery." He condemns the Barne's dilator in such cases as being utterly worthless, as it cannot be retained in position. It will either go beyond the os into the cavity of the womb, or it will slip into the vagina. Those who have not tried them will only lose time by doing so.

M. Hofmeier, also, advocates immediate interference. "As soon as possible resort to version according to the method of Braxton, Hicks, and lose no time with the tampon, which does not always stop the hemorrhage, and further increases the danger of infection."

In case of placenta previa centralis, where the

cervix still remains and the os externum is narrow, he advises, in the event of profuse hemorrhage, the perforation of placenta, and an attempt to delivery on one foot.

During extraction, which must necessarily be very slow, ergot is administered. After expulsion, the uterus should be washed out with a five per cent solution of carbolic acid. In forty-six cases, he counts only five deaths.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, May 26, 1883.

The President, Dr. Barret, in the chair.

DR. MEISENBACH presented a specimen sent to him by Dr. E. P. Cook, of Mendota, Illinois. It was obtained from a woman, aged 35, who had been ill since last fall. She was the mother of quite a family, but her previous health had not been good. She had been treated by a quack for ovarian and uterine disease. When first brought to the notice of Dr. Cook, in March, she presented a tumor in the left inguinal region. At times she vomited, and the vomiting was sometimes of a fæcal character. The diagnosis made was obstruction of the bowels. The condition was such that there was little or nothing to do. A pus cavity was formed and opened. It was possible to pass a probe into this cavity in all directions. On post-mortem examination the parts were found displaced and a tumor exposed to view. The peritoneum was adherent to the abdominal walls around the abscess opening. The transverse colon was displaced downwards in the hypogastric region, and the stomach adhered to it at its greater curvature, making its position vertical. A probe could be passed through an opening in the stomach into the colon. The liver was somewhat enlarged. As to the cause of the obstruction, it was probably malignant; no microscopical examination has yet been made. It formed somewhere in the transverse colon, and by the secondary inflammation the stomach adhered and perforation of the peritoneum ensued, until at last an external opening was made. The question of interest connected with this case is: would it have been advisable to perform colotomy? At the time Dr. Cook saw the case it was too late, and besides many surgeons consider the results of colotomy almost as bad as the original trouble.

DR. DICKINSON remarked that thirty years ago he was incredulous when a physician pronounced a case one of impacted colon, but subsequent experience had shown him that this trouble was quite common. He had lately read of a case in which the entire cylinder had a coating of indurated fæcal matter, the center being pervious. Another case on record had the colon so distended as to measure thirteen inches in circumference. and the contents so hard as to necessitate a delivery with forceps.

DR. POLLAK next read a carefully prepared paper on "Jequiritic Ophthalmia." He said that jequiritic ophthalmia is an artificial disease induced by jequirity, for the relief of granular ophthalmia and vascular cornea resulting therefrom. Very different opinions have been held as to the nature of trachoma and vascular cornea. Some consider it contagious and others idiopathic. It is often the fate of trachomatous patients to travel a very thorny road and one beset with disappointments. The intractable nature of the disease often baffles all treatment, the affection improving and getting worse. It may result in permanent irreparable injury to the sight, and this occurs pretty often. It is no wonder then that considerable study has been devoted to it. Of late it has been supposed to be due to bacteria, and antiseptics have been used, among which bichloride of mercury and iodoform. None has been as good as nitrate of silver however. Sulphate of copper has been much used in a routine way, but it lacks the chemical affinity for albumen that nitrate of silver possesses. Acetate of lead acts in a manner similar to nitrate of silver, but it is not admissible when the least abrasion of the cornea exists. Sulphate of zinc is not efficient, and the same may be said of alum and tannin, as well as of dry calomel and other various applications. Among the surgical means that have been employed are scarification, ablation, peritomy, chiefly in pannus, syndectomy, scraping, the galvano-caustic, etc. As a last resort in trachomatous pannus inoculation with gonorrhœal pus has been employed. But such a practice is revolting to the patient, who may become infected with syphilis or gonorrhœal rheumatism. Yet this may be the last alternative. The writer was only forced to it twice.

CASE. I.—Was an army officer, who had gone through the usual routine remedies, with no result. Only desperate means could be employed. Purulent inoculation was suggested, and after deliberating he acceded to it. Fresh, virulent pus was obtained and a drop placed under each eyelid. In twenty-four hours it acted; the patient did not suffer much pain. Frequent cleansing with tepid water was the only thing enjoined. In twenty days the lids were separated and he could see somewhat. At the end of a month the cornea was visible, and vision improved. In another month the recovery was complete. One year later he was in good health and a civil engineer on a railroad.

CASE. II.—A woman, aged 26, who came to me in 1876. A dense pannus existed in each eye, since two years, caused by granular lids. Purulent inoculation was proposed and agreed to. A gonorrhœal ophthalmia of a mild type was obtained, which

arrived at its acme in eight days and the eyes cleared up in two months. The cornea of one eye remained staphylomatous.

The writer would not assume the risk of such treatment again, as a possible fatal result to the eye might be ascribed to it, instead of to the disease. Jequirity will produce the same results without the bad effects. De Wecker, of Paris, introduced it. An infusion of the beans is made and applied, and it rapidly causes a croupous ophthalmia. The plant is indigenous to Brazil, where it has been used empirically for the treatment of granular lids.

The infusion, which is the part used, is brushed on the inner surface of the lids. In a few days a purulent conjunctivitis is formed, which rapidly subsides without leaving a trace of trachoma. If the remedy is carried too far it may cause a diphtheritic inflammation, and cause desquamation of the cornea. The remedy was so highly recommended that the writer did not hesitate to use it. He obtained the infusion from New York.

Case III.—F. R. F. had common sore eyes, granular lids, infiltration of the cornea and a dense pannus. Ordinary treatment had only yielded a fair result; the condition would recur at the least provocation. Jequirity was painted on the lids; a few days after purulent secretion was abundant, the lids swollen and a croupous deposit present. The eye began to improve, and in a few days the trachoma and pannus had disappeared, the whole course of treatment lasting fourteen days.

Case IV.—A woman, aged 47, attended the clinic for eighteen months. Had trachomatous pannus. Jequirity was applied for five days, producing a croupy deposit attended by no pain. Cleanliness alone was observed and on the 16th day she was discharged cured.

Case V.—Man aged 40, had trachomatous pannus, and with this perforation of the velum palati and ozœna, probably of syphilitic origin. Jequirity was employed and kept up for two weeks. A cure resulted, with the exception of hyperæmia of the ocular conjunctiva, which was most probably due to the nasal trouble.

No disease is so frequent and intractable as granular conjunctivis. The best treatment heretofore was by inoculating with gonorrhœal pus, but it is a dangerous procedure and may get the physician in trouble in this country. De Wecker has reported over seven hundred cases successfully treated with jequirity in one year. The remedy must be the fresh infusion, when old it produces no effect, and is only indicated in pannus from trachoma.

Dr. Love presented a specimen of aneurism of the aorta. A lady, aged 55, was sitting on her door-step and supposed to be fainting. On arriving at the house he found her dying and she died a short time after. No history could be gained beyond the fact that for some years she had been suffering from palpitation of the heart, and was very excitable for the last year or two. On section the pericardium was found enormously distended with serum and clotted blood. Close inspection revealed a small opening communicating with the ascending arch of the aorta and an aneurism of the aorta was found. The valves of the heart were in a fair condition. The inner coat of the aneurism had first been ruptured and dissected up to a very large extent. The opening communicating externally was not larger than a pea. Nothing else unusual was found, except perhaps a bronchial gland, which was somewhat enlarged and undergoing calcareous degeneration.

Dr. Dean presented a specimen of cancer of the rectum, and gave the history of two cases occurring lately at the City Hospital.

Case I.—J. L. said he had piles removed in Denver. No hemorrhoids could be found, but there was a tumor, probably cancerous, which included the anus and extended inwardly as far as the finger could extend. The stools were ribbon-shaped. There was a syphilitic history. The tumor was treated superficially, and from April 26 until July 14th the patient was given one ounce of potassium iodide daily. The tumor grew worse. The patient would not consent to colotomy, and the tumor was too high up to be extirpated. He died August 31, 1882. On section, the tumor was found to be broken down; the patient died of exhaustion. The water passed partly through the rectum.

Case II.—C. L., from whom the specimen exhibted was taken, entered the hospital January 5, 1883. Two weeks before he had a pain in the abdomen below the umbilicus and constipation. When admitted he had the pain and the bowels were moved. He left of his own accord January 17th. On May 2d he was readmitted, and still complained of constipation. On examination a tumor, apparently between the rectum and bladder, was found. The bladder was hard and there was incontinence of retention. The catheter could be introduced without difficulty up to the neck of the bladder, when it required severe manipulation to make it pass further; it could not be felt through the abdominal walls. There was cancer of the anterior wall of the rectum and the bladder. The patient died with uræmic symptoms May. 16 On post-mortem, cancer was found as suspected. There was but one kidney and one ureter, as also but one renal artery and vein. An opening was found in the bladder for another ureter, but as it was cut close to the bladder it is difficult to say how high it extended. The kidney was not the result of the union of two. It was lobulated and larger than usual.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

THURSDAY EVENING, May 24, 1883.

The President, Dr. Tyson, in the chair.

CARCINOMA OF THE STOMACH AND COLON with Cardiac Lesions. Exhibited by Dr. J. T. Eskridge.

Peter Lawler, aged sixty years, Irishman, by occupation a dyer, was said to have enjoyed fair health until two years ago, when he suffered from a severe attack of inflammatory rheumatism. He knew but little of his family history, and could not give the cause of his parents' death. He never complained of heart disease. During the latter part of the year 1881, about eighteen months before his death, he first began to complain of pain in the epigastric region, attended by eructation of a sour slimy liquid. Soon he experienced a sense of nausea coming on an hour or more after eating. About three months after the first appearance of symptoms of gastric disease, he began to vomit. At first vomiting occurred occasionally, but soon it took place several times a week, and finally once or twice each day. He lost flesh rapidly. In the early part of March, 1883, he was admitted into the wards of the St. Mary's Hospital, when he came under my observation for the first time. He was very weak and greatly emaciated. His pulse, of the Corrigan type, was eighty per minute. When resting in the recumbent posture, his breathing was quiet. Temperature was usually one degree below normal. The radial and temporal arteries were rather hard, and the latter were tortuous. A diastolic murmur and a systolic murmur were heard at the aortic orifice. The impulse of the heart was not very strong, and the left ventricle did not appear to be greatly enlarged. The lungs were emphysematous, and an area of impaired resonance, amounting to almost dulness, was discovered on each side of the spinal column, opposite the spines of the scapulæ. An indurated mass, apparently about the size of a walnut, more or less movable, was felt in the epigastric region to the right of the median line, and about mid-way between the ribs and the umbilicus. The growth was not sensitive to rather rough manipulation, and he had not experienced any pain for a number of months. His bowels were sluggish, and it required active agents to evacuate them. No tumor, besides the one connected with the stomach, was felt or suspected in any other portion of the abdomen. He vomited almost daily. The liver and spleen were not enlarged. The urine was free from albumen.

By securing daily evacuations from the bowels and giving him nutritious, easily assimilated food, the vomiting nearly ceased. He improved and left the hospital the latter part of March. Early in April he was admitted to the Jefferson Medical College Hospital, where he came under my care the first of May. At that time he was eating but little, the abdomen was considerably distended by gas, and his bowels required repeated large enemata, or enormous doses of purgatives, to secure their action. On the fourth of the present month he experienced great pain in the right iliac region, and just to the right of the median line of the abdomen, mid-way between the pubes and umbilicus. Over and around the latter painful spot, a circumscribed highly tympanitic and sensitive area about the size of a man's double fist, was observed. Circumscribed peritonitis was diagnosed. Large doses of morphia, administered hypodermically, were required to relieve pain. The stomach became irritable, and the peritonitis more general. He died during the afternoon of the eighth of May. Sectio cadavaris four hours after death by the pathologist of the hospital, Dr. Morris Longstregth.

Thorax—About seven ounces of perfectly clear serum was found in the pericardium. No evidence of pericarditis existed. Left side of heart firmly contracted; right side relaxed and contained considerable fluid blood. Right side of heart and its valves normal. No lesion found at mitral orifice. Free borders of the leaflets of the aortic valve are thickened and slightly contracted, allowing regurgitation to take place at the the aortic orifice. Aorta, atheromatous, dilated and decidedly roughened near the aortic orifice. Left ventricle slightly hypertrophied.

Lungs deeply pigmented, and generally emphysematous; both congested posteriorly. Surface of both apices covered with patches of fibroid thickening. Abundant evidence of diffuse peri-bronchitis chronica was present. Bronchial tubes of the lower lobes of both lungs much dilated. Bronchial glands at the root of the lungs very much enlarged.

Abdomen—On opening the abdominal cavity, considerable very offensive gas escaped from the upper part. On the right of the median line of the abdomen, from the umbilicus downward, the abdominal wall anteriorly was adherent to omentum and intestine over an area of about five inches in diameter. Lower third of abdominal cavity was filled with a yellowish white cloudy liquid. Intestines bound together by numerous adhesions.

The stomach, which I show you, is small, and its coats are thickened. The hypertrophy of the wall of the stomach is slight at the cardiac end, but gradually increasing, becomes considerable at pyloric. The wall of the pylorus and adjacent portions of the stomach and small bowel is about one-half inch thick. At this point the mucous surface presents several fungous-looking out-growths. The small bowel, with the exception of about half an inch of the upper portion of the duodenum, ap-

pears normal. In the colon, about six inches from the ilio-cæcal valve, is a stenosis, barely admitting the end of my little finger. The wall of the colon at the point of narrowing, which extends three or four inches of the length of the bowel, is greatly hypertrophied, measuring about one-third of an inch in thickness. The colon, from its beginning to point of constriction, is dilated into a large pouch measuring four and a half inches in diameter. The dilated portion of the bowel presented a dark gangrenous appearance, distended by gas, was adherent to the anterior wall of the abdomen, just to the right of the median line. The remaining portion of the large bowel appeared to be healthy. No enlargement of the mesenteric glands was observed. Liver, spleen, and pancreas were small and firm, but free from malignant growth. Both kidneys were reduced in size, contained a few small cysts, their cortical substance was lessened, and their capsules were abnormally adherent in places.

Remarks—It is worthy of remark, that although considerable thickening and induration existed at the pyloric end of the stomach, the orifice remained sufficiently patulous to allow the food to come in contact with the intestinal juices. Another point of interest is seen in the existence of so great amount of narrowing in the calibre of the large bowel, with no symptoms, except easily obviated constipation, until a short time before the man's death. It seems to me remarkable that a bowel so dilated above the point of a narrow constriction should be able to respond painlessly to purgatives.

[Report of Meeting to be continued]

CORRESPONDENCE.

CHLOROFORM NARCOSIS DURING SLEEP.

Editor Review: The above is the title of a production by John H. Girdner in the Medical Record for April 28 of the present year, page 57. In it the author takes the ground that it is impossible to produce chloroform narcosis in a sleeping person without a period of complete consciousness between the natural sleep and the narcotized state. As proof he makes point blank denial of the possibility of narcotizing the sleeper without awakening him, and cites five cases in which, upon trial, he failed to so narcotize his subjects.

After seeing his article I performed an experiment upon a healthy young man of 25 years, with the result of completely narcotizing him without his awakening or showing any sign of consciousness, only as I pinched him in the first stage of the process to see how far it had progressed. As a primary condition he did not know that I intended to try the experiment. He was in good health and had performed a reasonably hard day's work. After he had become rather soundly asleep I administered chloroform by a handkerchief, holding at first about eight inches away from his face, and soon laying the handkerchief directly upon his face. There was no coughing or struggling, more than a slight movement of the arms and turning away of the head once or twice. I carried the narcosis so far that there was no wincing upon pinching or pulling the hairs, or upon touching the conjunctiva. The limbs, too, were completely relaxed.

I hold that the above single experiment completely disproves the statement that chloroform narcosis cannot be performed upon a sleeping man without an intervening state of consciousness. A single successful experiment like the above will at least prove the fact while five or five thousand experiments with negative results could show nothing more than a probability. Moreover, Dr. Girdner's experiments were performed upon subjects who were in an abnormal condition through disease. That narcotism from chloroform without consciousness may be accomplished is a fact, but more experiments are needed to show whether it may be accomplished upon many individuals.

Champaign, Ill. W. A. Mansfield.

Editor Weekly Medical Review:

I herewith submit two cases of barbarous midwifery, thinking that they might be of some interest to your readers. A colored infant was brought to my office from an adjoining county by its mother, who stated that it was seven weeks old, and that from its birth there had been something wrong with its navel. On examination I discovered that the heathenish negro woman who had officiated at its birth had thrown a ligature composed of six strands of No. 40 spool cotton thread around about two inches of the skin and muscle including the navel, which had swollen to the size of a turkey's egg, and one half which had become detached by sloughing caused by the strangulation. The mother informed me that in the same locality another child had undergone similar treatment at the hands of the same party, but that its mother had succeeded in cutting off the strangulated navel by means of a piece of tin to be worn under the bandage. The other case, to which I was called in October, 1874, was that of a female octoroon, whom I found in puerperal convulsions. On examination I found that she had a roomy pelvis, and that the right hand and left foot of the child were presenting. I ascertained also that the ulna and radius were both broken in two places. After chloroforming the mother and delivering the child by the feet, I discovered that the left leg had been twisted inwardly until the heel presented in front, opposite the toes of the right foot. The child lived only a few minutes, but the mother recovered after a severe attack of pelvic peritonitis.

R. H. Jenkins, Morgansville, Ga.

BOOK REVIEWS.

THE PATHOLOGY AND TREATMENT OF DISEASES OF THE OVARIES. By Lawson Tait, F.R.C.S. Edin. and Eng. Fourth edition. Re-written and greatly enlarged. New York: William Wood & Co.

The greatest success is success, and on such a reputation Dr. Tait is admirably qualified for the preparation of such a work. That part which treats on the anatomy and physiology of the ovary shows much fertility in reasoning power. He does away with the old-fashioned names of Graafian follicle, etc., and puts all under the heading of Oögonium. He considers the left ovarian vein as an analogue to the left spematic vein, and by reason of its being valveless he accounts for the chronic ovaritis and ovarian hyperæmia so frequent in the left ovary after parturition. He contends that ovulation is in no degree a periodic process independent of menstruation, and vice versa, the monthly discharge from the uterus is due to the monthly movement in the structure of the fallopian tubes. That pelvic inflammation causing adhesions to be formed by the tubes is the most frequent cause inducing premature senility and consequent sterility. He maintains that every case of extra uterine pregnancy is tubal in its origin. In the pathology of ovarian cysts he thinks that the function of the organ is one of cystic formation from its earlier to its latest existence. He is no believer in a special ovarian cell. In Dr. Tait's opinion, ovarian cystomata are oftener malignant than has been admitted. A rupture of certain cysts is followed by or associated with papillary cancer; therefore remove ovarian tumors early; if possible, discard tapping. He thinks, isolated as the ovary is, it is a proof when malignantly diseased of the local origin of cancer. In reference to the production of dermoid cysts, he looks upon it as a growth of the ovum itself, an altered nutrition, a hyperechetic development. He sets aside entirely the view of their origin by inclusion. Though there are many points of interest in the anatomy and physiology of the ovary, and there are many perplexing points in the conditions which simulate ovarian tumors, yet the profession is more anxious to learn Dr. Tait's view of ovariotomy and the most successful manner of its performance. From time to time stars have appeared in the operative sky of abdominal surgery, and they are only brilliant as their statistics are favorable. First we have McDowell and Clay, who used the long ligature and had a mortality of twenty-five per cent.; next Baker Brown, who made a short incision, used the actual cautery and the intra peritoneal method of dealing with the pedicle—his mortality was ten per cent.; then Spencer Wells, who advocated the clamp, had a mortality of twenty and three-quarters per cent; then he used antiseptics with a mortality of eleven per cent.

Keith, with his drainage tube, with his cautery in dividing the pedicle, with his compression forceps, with ether instead of chloroform, with the perfect cleansing of the cavity, shows a mortality of but little more than three and three-quarters per cent.

Now Tait, with the early removal of ovarian tumors, with his never refusing to operate, however advanced a case may be, with his readiness of adaptation to emergencies, with his specializing his whole energy to abdominal surgery, with his denial that germs will attack living tissue, with abandonment of Listerism, using alone the antiseptic of cleanliness, with his ligating the pedicle and using the Staffordshire knot, with his watching each individual item and minutia, shows a mortality of less than two per cent. Though Lawson Tait dedicates this book to Marion Sims, and states that much of the new work described in it is the outcome of his ingenuity, yet all through we can see the pen of an Englishman, and many of its pages are defaced by the dust of national prejudice. Houstoun, of Glasgow, was the first ovariotomist, and all McDowell did was to give to abdominal surgery one of its greatest impulses, and even this fact was based on the occurrence that he was born from Scottish parents. Brinton, of Philadelphia, did not notice first the valves in the spermatic veins; he merely showed that there was no valve in the left one. Gray was the first to notice. Battey's operation is improperly so called, for Tait himself removed both ovaries for arresting menstrual hemorrhage seventeen days before Battey operated. All the latter can claim is that he first appeared in print on this subject. We have not in this country attained as favorable statistics as Dr. Tait reports, yet we believe we have as able ovariotomists here as there—men who are experienced, skillful and rapid operators; men who study the condition of the patient—the condition of the surroundings; who appreciate the nature and extent of the operation. When we say ovariotomists, we do not mean surgeons engaged in general practice, whose experience is limited to some half a dozen cases with some two or three deaths. Two or three ovariotomies during a life-time does not make an ovariotomist any more than two or three swallows make a summer. What we believe is that, to have as favorable statistics here as there we do not need so much a Keith or Tait as we do the atmospheric influences of their climate. This production, which shows the footprints of a student, is a most valuable work. For the general practitioner it deserves a prominent shelf in his library. For the specialist its necessity is too self-evident to need mention. The typography presented by William Wood & Co. is good.

The Weekly Medical Review.

Vol. VII. No. 21. CHICAGO AND ST. LOUIS, JUNE 9, 1883. Terms: $3.00 a Year.

From the New York Tribune we quote the following on the trance condition in surgery: Some experiments were made recently at the office of a physician up town with a view of testing the utility of the trance condition for surgical operations. Among those present were Professors Thwing, of Brooklyn; Dr. Birdsall, Dr. William C. Jarvis, and Dr. Mittendorf. One of the subjects was a boy from Brooklyn, about sixteen years old, who was thoroughly well trained and able to take part in some very interesting experiments. If he was told to go into a sound sleep when a certain number was counted he would obey, and when the number was reached he would be in an unconscious condition. If his arms were raised they would drop like lead. If a sharp instrument was thrust into his skin he gave no sign whatever of being conscious, and being questioned afterward had no recollection of it. Another subject was a younger boy, with bright black eyes and a pleasant round face. He had never been thrown into a trance condition before. At first he refused to be subjected to the influence for fear that he would suffer some injury, but after seeing the experiments made with the other boy, he consented. Professor Thwing, who is very successful as a mesmerist, put him in a thoroughly unconscious condition in a few seconds. In one experiment the two boys were locked in each other's arms and passed into the trance condition at the same word. They remained in that position for some time, until they were aroused by the touch and voice of the mesmerist. Efforts were also made to mesmerize a young woman, but she was not a good subject, as she did not reach a point beyond drowsiness. Her curiosity, as she remarked, prevented her from yielding herself up completely to the experiment. The boy with the black eyes was placed in a chair to be operated upon. His right nostril was entirely closed by the thickening of the septum, superinduced by chronic catarrh. He was mesmerized by Professor Thwing. Dr. Jarvis then ran a long sharp needle through the thickened membrane of the septum. The subject did not give the slightest movement, either voluntary or involuntary; he said afterward that he did not know that the needle had been introduced. A loop of thin wire was then inserted in the nostril and drawn around the base and point of the needle, and made to cut through the membrane by the gradual reduction of the circumference of the loop. As the membrane of the nose is highly sensitive, this is under the usual conditions an extremely painful operation. The great pain produced by the tension on the wire aroused the subject, but he did not fully regain consciousness. He talked and acted very much as if he had been under the influence of ether. When the pieces of membrane grasped by the loop had been entirely cut off, the boy was brought out of the trance condition. Experiments in mind-reading were also made by Dr. Birdsall and others. Some, who had never before attempted muscle-reading, met with a remarkable degree of success. Dr. Birdsall made an experiment that was new to many of those present. He held a number of cards in his hand with their faces turned toward a person in front of him, who was asked to select in his mind a card from the group, and in each case he was able to pick out the one chosen. This experiment was successfully performed by others. The explanation is simple. The success of the experiment depends on getting the direction of the eyes at the instant the selection is made, there being at that instant a peculiar muscular movement of the eyes.

Sensation and Imagination.—The following instructive case was reported in the British Journal of Dental Science by George Beavis (Southern Clinic). It will furnish a hint to the physician when treating nervous patients: I have recently met with a remarkable illustration of the production of sensation by ideas. I applied a paste containing arsenious acid to the pulp of an upper molar tooth for a young gentleman of extremely nervous temperament. In a few days time I removed the pulp, but hurt him considerably in doing so. I put a dressing of glycerine and carbolic acid up the largest canal, and saw him again in about a week; and directly I passed a nerve-extractor up the root to remove the dressing it appeared to give him great pain. As I was certain the whole of the pulp was out, I was at a loss to know what to do. I could not doubt his word, so I took a large plugger, that he would know was not intended to go up the root, and without him seeing me I again passed the nerve-extractor the whole length of the root, and he felt no pain. I then laid down the plugger and let him see me take the nerve-extractor, and I pretended to pass it up the root, when he appeared to suffer exactly the same as when I removed the pulp. I am convinced that he suffered, or believed he did. I filled the tooth, roots and crown at the same sitting, without further pain then or afterwards.

The Subcutaneous Injection of Ether.—M. Hayem, Professor at the Paris Faculty of Medicine, in a communication recently made to the Academy of Medicine, on the utility of hypodermic injections of ether when death from hæmorrhage is imminent, asserts (Gaillard's Medical Journal) that injections of ether practiced on a dog which had lost so much blood as to have tetanic convulsions, and to be on the point of death, were followed by no perceptible results. In a similar case, transfusion of blood containing all its constituent parts was followed by, as it were, a veritable resurrection. When a sufficient quantity of blood (one-nineteenth of the weight of the body) is removed from the animal, to place it just on the boundary between imminent death and possible survival, the result of subcutaneous injections of ether is equally negative. In the same circumstances, not only is transfusion of blood successful, but even, in some cases, recovery ensues, when the blood still remaining in the organism of the animal is diluted with serum taken from another animal of the same species. M. Hayem is of opinion that these facts indicate that it is a mistake to affirm that transfusion is a useless operation, and that the stimulation produced by hypodermic injections of ether can be substituted for it. Stimulation by ether, he remarks, increases the force of the cardiac contractions, and quickens the heart-beats in a remarkable manner, but it does not increase blood pressure, nor raise the temperature in the rectum.

In This Connection we quote the following by Mr. James from the British Med. Jour.: The successful results I have invariably found attending this system of treatment, which I have adopted for the last four years with my rheumatic patients, have decided me to give publicity to the course from which I have seen so much benefit derived. Its plan is simple enough. After preliminary dry-cupping over the seat of lesion, I inject subcutaneously ten minims of sulphuric ether, gradually increasing it till I have injected thirty minims (assuming I find no marked progress, in the course of a week, of the treatment above-named). I have found it advisable to precede this by a brisk purgative at the outset, and to administer a mixture, containing five grains of salicylate of soda in an ounce of infusion of gentian, every two hours, concurrently with internal and external applications. In not one case have I yet found this curative system fail; but, in about a week's time usually, the patient is cured. Sufferers from lumbago have come to me nearly bent double with pains in the lumbar region, and have walked away erect and free from their distress after dry-cupping. I have seen sciatic patients come in limping, and go out free from the least indication. I can especially instance

the case of one patient, an old man, who had been the round of all the London hospitals to no avail, for nine years previous to his consulting me. He had been given up by all as a hopeless case. On my asking whether he was willing I should try a method of treatment on lines hitherto unattempted, and, on his consenting to the same, I pursued the system of subcutaneous injection already described, until I attained the administration of a drachm of sulphuric ether. Marked improvement followed this course, which I, however, was obliged to suspend, owing to the formation of a hard cicatrix over the seat of the sciatic nerve. Nevertheless, after this was removed the patient ultimately found himself completly recovered; and during the five years which have elapsed since he first came to me has sustained but one attack of sciatica, of a very slight character. I sincerely hope these few remarks on my own practical experience of this system of treatment of cases, the persistency of which so frequently baffles the efforts of the most experienced practitioners, may prove of some practical utility in similar cases.

An Address was recently delivered by Dr. Biedert, on the principles governing infants' food (Deutsche Med. Zeit.). The leading thought, in the consideration of a nutriment, must always be, the behavior of its various constituents, the absolute quantity, and the relative quantity of each. Milk occupies the first rank in regard to the above conditions, and is best known and adapted for the child. Recognizing mother's milk as the ideal, the substitute most used is cow's milk; which contains relatively too much casein. This makes it necessary to dilute the milk sufficiently until the casein is in proper proportion to enable the digestive organs to tolerate it. But now the contents of fat are diluted to an undesirable degree. In the mother's milk the proportion of fat to albumen is two to one. In the cow's milk it is three-fourths to one. To attain the proper proportion the author has recommended to dilute the cream. However, this cream mixture is not to substitute cow's milk for ordinary food, but the latter should be used as the cheap substitute whenever sufficiently well borne, first diluted three times its quantity and then less and less. To prevent the milk from spoiling it is sufficient to boil it and then keep it in a cool place. The milch conserves are next in consideration, and of these the sugared ones are to be preferred, though none have any advantage over the fresh, agreeable tasting and cheap milk. Pancreas milk, in which the casein is partially changed into peptone, is a rational suggestion of Pfeiffer. When it is suspected of becoming sour it should be alkalized. Nutriments that contain no milk have only one indication, and that is fat-diarrhœa, where they are useful from the fact that they contain little or no fat. Such are solutions of albumen, gelatines (decoctions of calf's-feet, isinglass). Slimy decoctions of oats and barley also, mixed with skimmed milk or buttermilk, and finally the leguminosæ. It has been attempted to change the large proportion of starch in the latter to grape sugar, which makes it more easily digestible, but this succeeds very imperfectly. As filling the above conditions of simple and well known combinations in the least are the "Kindermehle," in which albumen from eggs and from plants, starch, and sugar are found, besides the constituents of milk. Like the "Nahrzwiebacke," they can only be of use in the transition period, between the time of fluid and solid food for older infants. The finely powdered state of the former is an advantage, and the preparations, rich in fat as they are, made in Germany are preferable.

Treatment of Stammering.—Mr. J. E. Suitterlin has for eight years conducted an institute in New York for the cure of stuttering and stammering, with most satisfactory success (The Popular Science Monthly). His system is philosophical and simple, and is based on the plainest common-sense principles. Excluding reliance on medical aids, it comprises chiefly careful drill of the vocal organs, and such mental discipline as will contribute to the object. In the first stage of

treatment the subject is not permitted to talk, except to practice his exercises, and to make such movements in speech as can be guided and observed by the teacher. During this time he is taught to consider himself, not a patient, but a student of speech. In the second stage, which is begun when enough has been done in the first, the pupil is encouraged to talk, for practice, at every opportunity, with a "legato" movement (as in music) and a strong accent. In the third stage he is allowed to talk more naturally, but in a studied manner; and in the fourth stage he is permitted to employ his normal way of speaking, but is by this time relieved from the impediment under which he formerly suffered. The psychic part of the treatment, which aims to divert the pupil's mind from himself and his troubles, is the most difficult, and, at the same time, the most essential part. The time required for success depends very largely, and, in fact, chiefly, on the mental constitution of the subject. From this brief description of an effective method of treatment, the parent may gather the useful hint that, to remedy any incipient tendency in his child to stammer, he should exercise a mild and kind but firm ruling, suppress all irritability of temper, observe for the child all the laws of health, and be careful as to his own manner of talking and the patterns he may set for the child. The statistics collected and preserved by Mr. Suitterlin show that the stammering habit is contracted, with only very rare exceptions, between infancy and ten years of age.

A Correspondent of the Boston Post gives, upon the authority of a gentleman intimately related to Daniel Webster's family, some explanations of the circumstances attending the utterance of the great expounder's last words. He says that in answer to a question from an attendant at the bedside of Webster one of his physicians said in substance: "You may give him a spoonful of stimulant at —o'clock; another at — o'clock; another at — o'clock; and, if he still lives, another at -- o'clock." These directions were followed with exactness until the arrival of the hour last mentioned, when the attendants were undecided about administering another dose. It was in the midst of their doubts that the dying statesman partly raised his head and feebly remarked: "I still live."

Dr. Pedrini gives, in the Gazz. Med. Ital. Lomb, an account of a case of ovarian cyst cured by injection of wine (Medical Record). The patient, aged thirty-nine, was suddenly seized with severe pain in the abdomen, and in a few days afterwards a small movable swelling was discovered in the left ovarian region. This gradually increased in size for fourteen months, when it suddenly became much larger, and threatened to produce fatal asphyxia by the pressure it caused. There was congestion of the lungs, with diffused bronchial catarrhal sounds, œdema of the lower extremities and great emaciation. A large trocar was thrust in at the lower third of a line drawn from the umbilicus to the anterior inferior iliac spine, seventy-two litres of a serous citrine-colored fluid being gradually withdrawn. A litre of white wine was then injected and allowed to remain in an hour. Sharp reaction followed, which endangered the life of the patient for a week, but she made a good recovery, regaining her former good health, and after the lapse of six years there has been no sign of a return of the tumor.

"Ah, I have an Impression!" exclaimed Dr. McCosh, the President of Princeton College, to the mental philosophy class. "Now, young gentlemen, can you tell me what an impression is?"

No answer.

"What! no one knows? No one can tell me what an impression is!" exclaimed the doctor, looking up and down the class.

"I know," said Mr. Arthur. "An impression is a dent in a soft place."

"Young gentleman," said the doctor, growing red in the face, "you are excused for the day."—

Lewin Finds Fault (Medical Record) with all the usual methods of administering santonine. He believes it should be given in its least soluble form, i. e., in that one in which it will be least readily absorbed, the effect desired being a local and not a general one. He found from experiments upon animals that an oily solution of santonine is not absorbed in the slightest degree by the stomach, and under no circumstances is any trace found in the urine. He says it may be given with almost any kind of oil—cocoa-nut oil, olive oil, cod liver oil, or castor oil, and recommends that three grains of santonine be mixed with two ounces of oil and given in four doses. He thinks that an oil contained in santonica, the oleum cinæ æther, would be a useful addition to the above, from the fact that all ethereal oils have been shown to act as poisons on the lower forms of life.

Dr. Grenet (Jour. de Méd.) recommends strongly the use of hot water in bringing to life infants who do not begin to breathe after birth (Practitioner). The method (Goyard's) is easily practised, and does not hinder the use of other means of setting up respiration. The child is plunged at once into a vessel of water as hot as it can be borne by the hand (120° F.), and the arms are raised and lowered alternately to simulate the natural movements. In a minute or two the asphyxiated infant begins to grow rosy and to gasp, and presently cries out.

Dr. Witthauer reports four cases of pertussis, treated with tincture of eucalyptus globulus, which recovered in a little over three weeks (Memorabilien, Nov. 15, 1882). The dose for children from two to four years of age was five to eight drops. One of the patients, eighteen months old, suffered from well-marked rickets. After taking the eucalyptus for four weeks, not only was the whooping cough cured, but the enlarged epiphyses were reduced, and the child who had never before attempted to stand on its feet, learned to walk.

From the Medical Record's account of the twelfth congress of German Surgeons we quote the following points of special interest: Dr, Maas, of Freiburg, read a paper on the Alkaloids of Decomposition. He referred to the investigations of Thiersch, Bergmann and others, and said that he had been able to detect alkaloids of very poisonous properties in decomposing animal matter. They could be found as early as twenty-four hours after death, and were present in considerable quantity. He had found three alkaloids of differing action. The first in minute doses caused well marked tetanus, and in larger doses speedy death. The action of the second resembled that of morphia, and the third simulated strychnia in its effects. These researches would indicate that we may have diseases following a wound which are referable to poisoning from the alkaloids in question. Wölfler, of Vienna, reported a case in which a piece of transverse colon six inches long was removed with a cancerous tumor. It was the second successful case of the kind which he had been able to learn of. Schönborn, of Königsburg, related the case of a young, anæmic girl, suffering also from lateral curvature, who had complained for three years of severe gastric pains. A tumor of kidney shape, movable, of size of fist, painful on pressure, was felt on the left side of the abdomen. The removal of the tumor was decided upon because of the constant vomiting and decreasing strength of the patient. At the operation the tumor was found to consist of a bundle of matted hair lying free in the stomach. It was removed and the patient recovered. The reporter could find but seven similar cases on record. All of those died either from uncontrollable vomiting or peritonitis. In a discussion upon the operative treatment of mammary cancer, following a paper by Küster, it was shown that almost every surgeon present was in favor of thoroughly cleaning out the axilla. Gussenbauer went even farther, and removed the supra-clavicle glands as well as those of the axilla. Langenbeck thought this rather useless, since when they were involved it was usually too

late to expect a cure. Esmarch took out the axillary glands, not only, but advised amputation of the arm when the vessels or nerves were diseased. He had done this in one case and the patient was perfectly free from return of disease. Langenbeck approved of this course, preferring to amputate rather than have the bad result he had seen from less radical measures. Other interesting papers were read, but the above contains most that is novel. The Nestor of German surgeons, Prof. von Langenbeck, was re-elected President of the Congress.

At the Last Annual Meeting of the Medical and Chirurgical Faculty of Maryland Dr. J. N. Mackenzie read a most valuable paper on "Naso-aural Catarrh and its Rational Treatment." He insisted on the great frequency of reflex cough as a symptom of disease, and that such cough only occurred when from a local pathological process, or stimulation from without, irritation of the turbinated corpora cavernosa of the nasal cavity exists. He has localized the area of reflex excitability in the mucous membrane of this erectile structure. These parts are not all equally susceptible; the cough is most constantly produced by artificial stimulation of the membrane covering the posterior end of the inferior turbinated bone, and that of the erectile body on the septum immediately opposite. That is, there exists in the nose a reflex sensitive area like that discovered in the larynx by Stoerk and others. This is of great therapeutical as well as physiological interest; in it may be found the secret of many obscure cases of cough which baffle both diagnosis and treatment.

In the New York Medical Record, May 12, Dr. Judson has a valuable article on the rationale of traction and counter-traction in the treatment of hip-joint disease. Undoubtedly many practitioners, who resort to extension, have concerned themselves very little with the exact benefit to be attained, and just how it is acquired. It is a feature of all chronic joint diseases that there is always a certain amount of tonic spasm on the part of the muscles which move it. By this spasm the joint surfaces are brought into close contact with each other, and the conditions which lead to atrophy or absorption, with consequent shortening, are developed to the most favorable extent. No amount of extension which the patient can tolerate, or of traction, to use a better term, can widely separate the bone ends, if at all, while our joints are not constructed on such a loose model as to allow the natural, easy relation of the parts to be thus displaced. Those, then, who regard the head of the femur to be withdrawn from its socket in the acetabulum by any amount of traction take the wrong view. What is actually accomplished is the conquering of the muscular spasm and the rectification of mal-position; seldom, if ever, anything more than this. But these are vitally essential points to be gained, and no one who has his eyes opened to the true effect of traction will give it up because it does not accomplish all it had been reputed to do. Further, it will be found that no contrivance can make traction so effective as one which shall contain some rubber, in order to take advantage of its never-ceasing elasticity; rubber will more quickly and more effectually tire out contracted muscles than any other substance the surgeon can use.

Schultze, Prof. of Gynecology at Jena, in his recently published work on the Pathology and Therapeutics of Displacements of the Uterus, says it is easy to demonstrate, by inserting a sound when the pains are at a climax, that there is not one drop of blood present in the uterine cavity. Indeed, the real cause of dysmennorrhœa is not stenosis, but metritis.

In a Case of chronic diffuse osteo-myelitis of the humerus, Bleckwenn resected the head, and drained the shaft, by trephining the lower diaphysis, and removing the medulla. Recovery, with a useful arm, resulted. The case is reported in Centralb. f. d. Med. Wis. —Med. and Surg. Reporter.

In a Recent Paper on the way in which noises affect the ear, Dr. Rossa gave a resumé of the results he had arrived at from his study of this subject in the following conclusions: First. There is a certain class of people who have disease of the ear who can hear better in a noise. Second. The impairment of hearing in these cases is due to disease of the middle ear, most frequently chronic catarrh. Third. Impairment of hearing always results from continued exposure to excessive din and noise as in boiler-making. Fourth. The lesion resulting from such exposure is one of the acoustic nerve. Fifth. This class of persons do not hear better in a noise, but on the contrary less distinctly, and they improve when removed from the cause producing their trouble. Sixth. That which is known as boiler-makers' deafness is often masked by catarrh of the middle ear, which latter may occur in other occupations. Seventh. Where disease of the acoustic nerve does exist, the tuning fork "C" is heard louder through the air than through the bones of the head.

The Investigation of Cattle Diseases about to be undertaken by the Department of Agriculture, on its experimental farm near Washington, is a hopeful step toward the solution of both a scientific and a practical problem. Its object is to ascertain the causes, prevention and cure of Texas cattle fever and other diseases. The experiments will be under the direction of Dr. Salmon, and will be especially conducted with a view of developing practically the Pasteur system of inoculation as a means of preventing the spread of cattle plagues. The experiments already made by Dr. Salmon with cases of Texas fever seem to demonstrate that this disease may be successfully inoculated by using material from the spleen of sick cattle.

Professor Maragliano formulates the results of the exhibition of strychnine in cardiac dilatation, as follows (Memorabilien, Nov. 15, 1882): 1. In one or two days the size of the heart was reduced, and in five or six days very considerable dilatations were caused to disappear. 2. If, immediately upon a reduction in the size of the heart, the strychnine were withheld, the dilatation was freqently reproduced. 3. The daily dose of sulphate of strychnine required was from 1–23 to 1–20 grain.

Retention of a Detruncated Head and Placenta in Utero for Forty Days.—This astonishing case is reported by Valenta. (Arch. f. Gynaekologie.) A woman of thirty-five was in labor with her fourth child, in shoulder presentation. The physician in attendance detached the lowermost arm and brought down the feet. He delivered the body, but could not deliver the head, so he cut through the neck and left the head behind. Two other doctors were called, but all they did was to administer ergot and advise that the patient should be taken to a hospital. This her husband would not hear of, so nothing was done. Eight days after the medical men had seen her, a midwife was called in; but she did nothiug except syringe the vagina with warm water every two or three days. The patient all the time had no bad symptoms, no rigor, no particular pain, no bladder or rectum trouble, ate well and slept well; the only thing was that she felt weak, and that the lochia stank insufferably. Thirty-eight days after the labor the patient rebelled against marital authority, and had herself taken to the hospital. When seen there, her pulse was 72, temperature 99.5°. There was no sign of uterine action, and the uterus seemed to have undergone complete involution, being spread like a thin cap over the retained head. Three days after admission, the vagina having been first repeatedly syringed with a three per cent. solution of carbolic acid, the cervix was dilated with sponge and tupelo tents, and repeated doses of ergot were given. This brought away discharge and small fragments of bone, but the patient felt no pain, although intermittent hardening of the uterus was perceptible. After dilatation, the bones of the fœtal head were seized, as they could be got at, with strong polypus forceps, and carefully

removed. The chief difficulty was found with the parietal bones, which were in such close coaptation with the uterine wall that it was difficult to seize them, and when seized, it was necessary to double them up (a thing not easily done) in order to get them through the cervical canal. About forty bits of bone were taken away. Then the placenta, which looked quite fresh, was detached with the finger, and removed piecemeal—a proceeding which occasioned some hemorrhage. The whole operation occupied an hour and a half. When it was finished, the uterus was washed out with hot water, and ergotine injected subcutaneously. The patient recovered without a bad symptom. Dr. Valenta has only been able to find in literature one case resembling his. This case is recorded by Freund. In his case the detached head was retained for ten years, the uterus, as in Valenta's case, showing no inclination to expel it.

M. Cheron, in the Revue des Maladies des Femmes, says that he has had very good results from the direct application of the nitrate of lead, powdered, to the ulcerated cervix (Canada Med. Review). After touching the ulcerated surface with glycerine, he injects about a quart of cold water, containing about a drachm and a half of tr. ferri perchlorid., and then dries the surface with absorbent cotton. Finally, the following powder is introduced by means of a syringe made for injecting powder: ℞ Plumbi nitrat., pulv., ℥ss; lycopod., pulv., ℥j. M. The powder is retained in place by a tampon of cotton. Through this means suppuration diminishes considerably, as also the bad odor. Even hemorrhage is not so profuse, and in some cases it is entirely suppressed.

Pinner has given the results of two years use of acetate of aluminum in the Freiburg clinic (Ztschft. f. Chirurgie). The number of operations was 708, including 119 tracheotomies. The treatment by the acetate yielded better results than the typical Lister dressing. Only six cases showed any symptoms of erysipelas, and only one died. This certainly makes an excellent showing for the dressing.

Dr. W. J. Otis, of Boston, reports the case (Boston Medical and Surgical Journal) of a primipara, aged twenty-six, whose perinæum was lacerated during labor. Her urine showed albumen, and granular and hyaline casts. She had to be catheterized every day. After a week symptoms of cystitis developed, not marked enough to call for special treatment. Nearly five weeks after her delivery he was called twice to see her on account of retention and suffering. At the second visit, in attempting to pass the catheter, he could not insert it into the meatus. Upon examination a mass of slough was found presenting. On tearing it away urine came with a gush. Examination of the mass showed two irregular pieces of the interior coat of the bladder, which had evidently sloughed off.

Query:—Was the cystitis set up by a catheter insufficiently cleaned carrying in some septic germs?

Werth, of Kiel, has reported the case (Archiv. f. Gynaekol) of a woman who had an abdominal tumor which was evidently free from adhesion to the uterus or ovaries. Laparotomy was made, and it was found to be a cyst lying between the layers of the mesentery attached to a knuckle of intestine. It was enucleated easily, and quick recovery without reaction followed. The special point of interest was the character of the cyst, which contained fatty detritus and no epithelium. Altogether he considered it to be a retention cyst formed out of a lacteal and mesenteric gland, and containing chyle. Such cysts are extremely rare, and were first described by Rokitansky.

Anecdote of Abernethy.—Being actively engaged in inserting a cervical seton in "a noble patient," who had requested that this should be done, his patient exclaimed, "Sir, you give me excessive torture; will your seton do good?" "No, sir," said the doctor. "Then why do you insert it," screamed the patient. "Because," said the doctor, "you told me to to do it, and I will get five pounds for my work."

Gaillard's Medical Journal, a warm opponent of the New York code, says of the action of the New York Academy of Medicine, to which we referred in our last (Medical Age), "the 'packing' of the Academy to secure the vote mention was an error, which all must now see clearly and acknowledge. If there is to be a fight, it should be free, fair and fully announced. There can be a full gathering of the clans, a well fought issue, and a fairly earned victory." The fact that the adherents of the old Code could be guilty of the unfair and high-handed conduct charged is one of tne strongest possible arguments against the efficacy of a written code. Had the followers of Flint remembered that the degree of M.D. pre-supposes a gentleman, with all that such a title implies, they would not have thus demeaned themselves.

The Present Mania to find the bacillus of every disease that human flesh is heir to is well ridiculed in a humorous article in the Gaz. Medic. de l'Algèrie, headed the Bacillus Amoris, according to which a California physician is the happy discoverer of this interesting animal. For the author, syphilis is not the result of a fresh infection, but slowly developed in an organism prepared by a former infection, which infection the author calls (by the leading symptoms) love-insanity. As the cause of this infection, the author found a bacillus whose virulence he could reduce by continued culture. A hypodermic injection of this fluid was made in a bachelor of fifty years of age. Next day he had his beard cut, bought a new suit of clothes, false teeth, hair oil, a diamond ring, a guitar, and read Byron's poems. A young lady of 25 paid $5 for a cosmetic, bought false hair, became lively, noisy, sang popular songs, sent invitations to young men, and complained of their indolence. In a third case, that of a youth of 16, his former character was completely changed. The formerly quiet and sedate young man became absent-minded, committed all sorts of childish follies, sat down in a basket-full of eggs while he looked at the photograph of a young lady.

Archangelski, surgeon to the marine hospital in Kronstadt, has been in the habit for some time of ordering cold baths for all cases of erysipelas where the temperature went above 39C., the duration of the bath being governed by the intensity of the fever, usually 10–20 minutes. (Centrlblt. f. Chirurgie.) His conclusions are: 1. As an antipyretic the baths are preferable to quinine. 2. The use of cold upon the head and the general cold bath is more grateful to the patient than any other means. 3. With any weak or aged patients the baths should be given by a gradual cooling of the water. 4. The duration of the febrile period is much abbreviated. 5. The baths have no influence upon the complication of the erysipelas by abscess, nor upon the spreading of the disease.

Cold Abscess of the Tongue.—A woman, aged thirty-five, presented herself with a swelling on the right side of the tongue (France Médicale; Record). The tumor was the size of a walnut, soft and fluctuating, and not painful on pressure or manipulation. It had appeared without known cause four months previously, had attained its present size in one month, and then remained stationary. The patient's general health was excellent. Dr. De Brun incised the tumor and gave exit to a quantity of thin pus. The sac was dissected away, and the wound closed with sutures. Union was complete in a few days.

The Following Formula is recommended by Dr. F. E. Stewart (Medical Bulletin) in the treatment of acute articular rheumatism: Salicylic acid, ʒij, divided into three powders and wrapped in white paper; potass. bicarb., ʒvj, divided into three powders and wrapped in blue paper. The contents of one blue and one white paper mixed together in a tumbler, with a little water, are given three times a day until nine powders have been taken. He says, if no marked benefit is produced at the end of three days, it is useless to continue the remedy.

Senator, on Albuminuria, says (Amer. Prac.): It requires attention, not as a loss to the system, being easily replaced, but attention to it gives the best control of the patient; its excretion, beside, may be irritating to the kidneys. The medical treatment has not been successful; hygiene and diet, then, need more attention. Small quantities of food often is better than large meals, for the excretion of albumen increases during digestion. Albumen injected into the circulation increases its excretion; the inference is that food rich in it should be restricted. Besides, meat, increasing the urea and like final products, increases the risk of uræmia. While meats and fish are to be chosen, vegetables, except the leguminose, and fats constitute the most important food for these patients. Alcoholics are proven to irritate the kidneys, but light wines may be given. Spices and smoked meats are bad. Milk is of great value, but alone is not enough; bread and so on have to be added. The alkalies are irritants to the kidneys, but they improve nutrition, probably by influencing digestion and the condition of the blood. Attention to the skin is very important, and it should be kept in constant free action. The patient should be kept in bed, to keep up the action of the skin and to lessen the waste from muscular action.

Advices from France announce (Med. Age) that the minister of instruction has introduced to the chambers a bill having for its object the increase of the annual pension now enjoyed by Pasteur, from twelve thousand francs to twenty-five thousand francs. This pension is, furthermore, to be made reversible on the wife and children of the distinguished chemist, who is thus absolutely relieved of all anxiety regarding matters which are the chief concern of most professional men, and left unembarrassed in the prosecution of his great work. Our foreign contemporaries are unanimous in their congratulations to Pasteur, and although few, if any of them, are prepared to endorse all of his opinions, many of which lack confirmation and some of which are even unquestionably erroneous, all must concede that the amount of positive good which has resulted from his labors fully merits any favors in the power of the people, as represented in the government, to bestow.

Bertels has Used injections of carbolic acid in a case of cynanche sublingualis with success Skibnewski (Vratsch, 1833, No. 1,) has used the same treatment in two very bad cases with excellent result (Centralbf. f. Chirurgie). In the first case the disease had been progressing for some time, until the throat and mouth were so much affected as to seriously interfere with swallowing and speech. This was also the case, to a greater extent, in the second. In the first case thirteen injections, two per cent., were made in five days, and grs. xij. of the acid used. The relief was very quick in one night, and in ten days the patient was discharged. The result in the second case was still more satisfactory. The disease had lasted four days, the tumor extended down to the clavicle, swallowing and speaking impossible, great cyanosis, tongue immovable. The injections were made in the afternoon, and the next morning the tumor was so much reduced that swallowing and speaking could be performed.

The St. Petersburg Med. Woch., December 30, 1882, says (Med. and Surg. Reporter) that Dr. Schildowsky has employed iodoform successfully in three cases of ascaris, and recommends that a further trial should be given of the remedy. He gives to an adult one grain with ten grains of bicarbonate of soda three times a day, and a quarter of a grain to a child.

Bitter and Nauseous Salines are best taken simply diluted with iced water (Squibb's Epheremis). A mouthful or two of iced water, before or after the dose, to blunt the sense of taste, and the dose between them in a wineglassful of iced water, renders it easily taken by most persons.

CONTRIBUTIONS.

PROFESSIONAL DISCONTENT.

BY J. F. TODD, M.D., CHICAGO.

[Read before the Illinois State Medical Society May 15, 1883.]

The influences operating to produce discontent in the medical profession originate in sources that supply the great army of malcontents engaged in the various occupations of life. The causes are trivial and important, as various as human character, representing all the varying degrees of force, grouped in every possible combination, ever present and ever active in their effect upon their hapless victims, who pipe their notes of discontent in chords that harmonize with and inspire nothing but disaster. The intimacy of our relations with the public places us within the range and to some extent under the influences of these morbid tendencies. We are made the unwilling recipients of whispered confidence, and the custodians of the fears, hopes and disappointments of joyless souls, whose chief comfort consists in spinning stories of misfortune in the monotone of settled melancholy. We are forced to confront physical distress intensified by want, disease presenting the revolting aspects and direful results of the indulgence of the most unholy passions, humanity caricatured in the distortions of innocent childhood suggestive of the unwritten tragedies of domestic life. There is not a single sorrowful feature of human experience with which we do not become familiar. We are peremptorily summoned to witness the saddest bereavements to which humanity is liable, and yield admission of the inadequacy of our art to avert them. The responsibilities of our positions are out of all proportion to our ability to discharge them. We are called upon to oppose forces whose powers we can only estimate by results we cannot even modify, and vainly attempt to embarrass the laws of disease, which properly understood may be as immutable as any law of nature. Environed by such obstacles to successful inquiry, it is not strange that medical practitioners should at times falter in their devotion to their art, and contribute their murmurs to the general jargon of discontent. Coexisting with these general causes of dissatisfaction, there are particular causes for which we are directly responsible, the establishment of medical schools in nearly every ambitious town in the country, endowed only with pretentious titles, lacking the advantages of museum, laboratory and clinical instruction, under the management of untrained teachers, constitutes one of the chief causes of this class. Nor is this evil confined to ambitious provincial towns. This system, or rather this lack of system, is illustrated in every metropolitan city in which medical colleges, conducted on the selfish policy of personal profit, are subordinated to personal pique and professional ambition, instead of generous emulation that seeks excellence for its own sake, and the *esprit du corps* which stimulates co-operative effort for the advancement of knowledge. We observe indications of mutual distrust and jealous rivalry. Competition inspired by such sentiments secures crowded classes, representing every shade of diversity of thought, purpose and aspiration; every degree of intelligence, stupidity, scholarship and ignorance. It requires prophetic vision, inspired by colossal faith, to forecast a brilliant future for any profession which such incongruous masses are deputized to represent. The result of such impolicy is strikingly exemplified in the carelessness, negligence, idleness and general incompetency of large numbers of medical practitioners, who trade on legal privilege, professional ethics, and outrage rational therapeutics with impunity.

"The stream rises no higher than its source." The absence of worthy purpose during student life is the prophecy of indifference and idleness in after years. The spark of enthusiasm inspired by the vanity and novelty of early practice is extinguished by the first series of disappointment, and mediocrity accepts its position with a sneer for rational medicine in the ranks of gross empiricism. Cheapened and defective education supplies the ready victims of the temptations that beset poverty, and the allurements of wealth sedulously inciting to crime; the host of stragglers, malingerers and deserters from professional ranks, who denounce law as oppression, discipline, persecution and respectability a myth. Another source of dissatisfaction arises from a misapprehension of the scope and a false estimate of the certainty of medical science. Many young men, no doubt, enter upon the study of medicine imbued with the idea that the thermometer, test tube, stethoscope and other instrumental aids to diagnosis stand in something like the same relation to the practice of medicine that weights and measures do to the tradesman and the plumb and level to the mechanic, and that conscientious study will accurately gauge the difference between functional disturbance and organic disease. They have a crude belief in a specific power of medicine over disease, and that a nearly uniform assemblage of symptoms and a nosological table will supply them with a chart so plain that both compass and anchor would be useless accessories in their professional journeyings. There are but few of us who have not experienced a rude awakening from this fancied security; few, who have not in moments of despondency, yielded to doubts which, further indulged, would have developed into confirmed skepticism.

The discouragements of the discomfited novice do not terminate with his inexperience. The practical duties of the profession prevent systematic study. He observes that medicine as a science is pursued with increasing ardor; that the natural history of disease, its self-limitation, causation, prevention, pathology and the influence of heredity occupies the attention of the best minds of the profession, and secures their most successful efforts. Even a tolerable knowledge of their achievements can be secured only by thorough familiarity with scientific literature. The study and intro-dependence of natural laws requires both in time and effort a greater outlay than the busy general practitioner can afford. The revelations of the microscope, opthalmoscope and laryngoscope must be accepted at second hand. The labors and anxieties of practice bar both opportunity and desire for original investigation. Aptitude is dulled by lack of cultivation, and the conviction grows that to him has fallen the husks of scientific knowledge and the drudgery of unappreciated, if not profitless labor. Often isolated in situations affording neither congenial social companionship nor profitable professional counsel, dazed with the multiplicity of theories and the technical verbiage in which they are expressed; oppressed with an increasing disbelief in his capacity to master the subtleties of scientific speculation, and constantly confronted with the necessity of providing for a dependent family, it is not strange that the buoyant and enthusiastic students of twenty-five sometimes undergo a retrograde development and fossilize at fifty. Another prolific source of discontent, as well as positive evil, is a low grade of medical literature, plethoric with dogmatic assumptions, histories of startling cures effected by recently discovered drugs, puffed into notoriety in the interest of some manufacturing chemist; crude speculations as to the causes of disease and ignorant groping for specifics for their cure; partizan demands for a spurious liberalism which proposes to invest worn-out dogmas with scientific recognition; glowing advertisements of the purity of "Hungarian wines," the medicinal efficacy of mineral waters, the sanitary importance of health lifts, movement cures, uterine and skirt supporters, the modern corset that transforms the flattened maternal bust into the palpitating rotundity of vigorous youth; all and severally endorsed by prominent members of the profession, who vigorously condemn *undignified* infractions of the code when practiced by others. The weakness of the medical profession is largely due to intrinsic causes. The public has always generously condoned our faults and encouraged us with undeserved confidence. The old faith in medicine lingers with the remnants of ancient superstition, and has combined into an ignorant credulity, eager for the announcement of every creed. The educated and more intelligent classes, comprehending the importance of the interests entrusted to our care, and in some degree familiar with the extreme modifications of our practice, manifest a disposition to distrust prevailing methods, and to exercise the privilege of criticism, which, though not always intelligently indulged, is not always unmerited. The people, freed from the bondage of false creeds, are investigating nature with a vigor that promises the most salutary results. Every step of their advancement will inspire respect for medical science and add to the force of involuntary co-operation in its cultivation.

With growing intelligence the public judgment will conform to rational rules of evidence, and thus secure a basis for estimating the rate of progress of the various professions; the jeers of nihilistic hate, embodied in passionate denunciation of the errors of our grandsires, will mellow into music of sorrowful requiem for the victims of an ignorance so profound that hope itself came near yielding to the tide of gloom. Scornful allusion to the sad blunderings of dead centuries will find eloquent and impressive answer in the achievements of a living age. Meanwhile, indolence will seek cover in the ditches of the lower level; its representatives will groan their regrets that equity fails to correspond with law, religious teachings with practical benevolence, political economy with national thrift, statesmanship with political tranquility, and human longevity with the pretensions of medical art. The millennial age is not so near at hand that medicine can aspire to vie with the exact sciences, or hope to escape the influence of its traditional follies. Factional sallies will ever continue between the partizans of extreme opinions, representing convallaria and saffron tea, ultra stimulation and venesection, sympathetic palpation and Listerism, orthodox doses of jalap and Hahnemannic smells of chloride of gold. Professional pilgrims will traverse the arid deserts of unreasoning doubt, through labyrinths of hypotheses, winding paths of theory and columns of false facts, vainly looking for the rainbow of promise, outlined in prismatic colors on a murky sky; devotees of ideal science will revel in the mysteries of the universe; the transcendentalist will transform the dry facts of science and the great problems of physical life into the music of atomic motion; scientific Gradgrinds will continue to shout lustily for facts, and failing to secure harvests which only reward honest toil, predict universal intellectual bankruptcy. While this repetition of history proceeds, the aphorism of Lord Macaulay will be remembered. "Ages are spent in collecting material, and ages more in separating and combining it." This garnering and winnowing process will continue un

der the influence of an intelligent conservatism that has corralled more truth and stored more energy than the vaporings of discontent and the excursions of fancy have dissipated. Looking back over the great range of history, we find that the progress of medicine has been as fitful as the temper of society; that profound learning and genuine piety failed to secure ecclesiastical dignity in the same proportion that profound skill and honest merit failed to secure appreciation in the ranks of medicine. The leveling influence of time has worked with equal justice and power upon the artistic temples of speculation and the colossal fabrics of human reason, sustained by decrees of governments and the power of armies and navies. Reverence for truth has happily survived all the mutations of history, and it exists to-day in a grand humility with aspirations for intelligent worship and industrious pursuit. The spirit of the times is favorable to its ultimate supremacy, and to give emphasis to the truth of the observation of Professor Draper, "profound changes alone ensue when the operating force is in unison with the temper of the age." Beneath the surface of artificial thought there lies a substantial stratum of earnest purpose to reform professional abuses, and to the adoption of the homelier and safer methods of research.

The conception that man is an assemblage of organs to be doctored into submission to theory is giving way to the attentive observation of the influences of his surroundings and hereditary tendencies. The effect of remedies is estimated with becoming deference to the recuperative energies of nature. Crude faith is supplanted by the growing conviction that the principles of our art can only be properly apprehended by practical tests that may involve the destruction of sacred urns, sanctified fossils and hopes of unattainable success. The abandonment of old methods of practice and habits of thought often involves painful struggle and sincere regrets. Ancient errors of belief are treasured with the memories of the enthusiastic years of early life, when we held a score of remedies for every disease, and scored a cure for every recovery. It is a burdensome tax on self-complacency to admit that those early victories were achieved by hampered nature, and that those early defeats possibly resulted from our ill-directed efforts. It requires something closely allied to heroism to engage in such retrospection and announce a candid result. Unfortunately we are not all heroes in the processes of evolution; the material out of which heroes are made is reserved for grand occasions and dramatic effects. We are but units in a great mass that has been moving slowly and timidly towards the light; in its early dawn the vanguards announced the discovery of mistakes; that in our impatience to realize grand results we had abandoned the systems and methods required to develop modest ones; that close attention to details and the careful study of common-place subjects is not only the beginning of science, but essential to its highest developments, and that industry is the surest safeguard against discontent.

In the strong light of to-day the intelligent physician is justly expected to co-operate in every reasonable effort to conserve the interests of the people and elevate the standard of professional excellence; he is required to demonstrate the courage of his convictions in vigorous opposition to dishonorable rivalry in high places, and in active sympathy with all public efforts to abridge the growing evil of a redundancy of medical schools, and the consequent evil of dishonest and inefficient management. He is required to defer to the superior attainments and cultivated skill of conscientious specialism, and to insist that the ethical requirement which limits its privileges be properly observed. He is required to cultivate a scope of inquiry and broad intelligence that will enable him to study and accept the vagaries of popular thought and the caprices of fashion in the spirit with which he studies the anomalies of disease. He is admonished by the follies and failures of past ages to stand for the truth and turn a deaf ear to the blandishments of expediency. He is expected to develop the candor to admit and the ability to utilize his own mistakes; the humility to assume the performance of routine duties which judicious economy imposes on humble abilities, and such devotion to the labors of his calling that the tinselry of fashion and the indolence of wealth will suffer by comparison with his contentment. This briefly sketches an ideal excellence, difficult of attainment, and only possible by earnest aspirants, whose estimates of success are not based on the plaudits of society. The struggle involves hard work that taxes brain and muscle; the exercise of common sense that justly discriminates between merit and pretension, demonstrations of fact and flights of fancy; sturdy courage that silently submits to the patronizing smiles of the family fool, forced into professional prominence by family prestige and social influence; patient waiting for pecuniary compensation, twice-earned patronage. Such efforts gain success by earning it. Steady aim and focused purpose pierces the target and wins the race. There are victors all along the line, in the quiet hamlets and busy marts of commerce, justly proud of a knighthood whose honors are most eloquently recounted around the family fireside; stories of their knightly devotion are pathetically narrated by gentle women and prattling children. When history has made its record of departed heroes who commanded victorious armies, of statesmen whose eloquence and wisdom inspired nations, it will make no mention of these heroes, worn out in loyal

service to humanity; but tradition will preserve their names, affection will hallow their memories and virtuous youth emulate their fame. By the terms of our enlistment we are bound to loyal service in whatever position we are assigned. The various divisions of employment afford ample field for creditable effort and the full exercise of every variety of ability. The well qualified general practitioner must always occupy an advanced position, and though not assigned to works of decoration on the temples of science, he will be permitted to traverse its halls, enjoy the artistic effects of its domes and turrets, and the final consolation that his labors assisted in strengthening the foundation walls.

VAGINISMUS—ITS TREATMENT.

BY W. C. PEASLEE, M. D., DENVER, COL.

To treat this disease in a manner that will be tolerated by the patient, often taxes the inventive faculties of the physician to their utmost capacity, and in many cases patients will not submit a second time to the painful treatment which we ordinarily adopt. Recently cases have come to me for treatment who had been under the care of several other physicians, but the means adopted in each case produced such unbearable suffering, that after several attempts the patients absolutely refused to receive further treatment, which consisted mainly in the introduction and prolonged use of a speculum. This always induced severe and very painful contractions of the sphincter vaginæ muscles upon the speculum, producing a very telling effect upon those muscles, which, I think, are of secondary importance in the treatment. Believing, as I do, that the pathological condition exists principally in the mucus membrane of the vulva and vaginal orifice, which, when irritated, is followed by contraction of the sphincter muscles (as occurs in closure of the eyelids from irritation of its lashes, or spasm of anal sphincter from ulcer or fissure), I directed my efforts entirely toward that membrane. To do away with the suffering incident to the contractions of the sphincters upon an unyielding speculum, I use a large sponge tent, which I prepare by passing a piece of small rubber tubing eight or ten inches long, or a catheter (in which I insert a piece of wire to prevent compressing the tube when winding the tent) through a cone-shaped sponge, over which apply a layer of strong twine compressing the sponge as closely as possible, then lay aside, and when dry insert the tent into a rubber condum (to prevent sponge from penetrating the mucus membrane), fastening the open end of condum firmly around the rubber tube. Lubricate and insert, except about one-half to three-fourths of an inch, which is left external to sphincter for the purpose of pressing against the vulvar portion of the mucus membrane; then attach a syringe (containing from one-half to one ounce of warm water) to the rubber tube and inject the contents, which will be carried to the internal end of tent, causing it to expand first, which aids materially in its retention. Remove syringe and tie the tube or insert a plug to retain the water; then apply patient's periodical bandage, and after she has remained in recumbent position about half an hour, permit her to get up and go about the house, allowing tent to remain as long as forty-eight hours, if borne well.

This method of treatment affords a very effectual means of overcoming the disease without confining our patients to their beds, and without much suffering, as the sponge readily yields to the contractions of the muscles, yet is sufficiently elastic to exert a firm pressure upon the mucus membrane of the vulva and vagina. I believe this sponge tent fully as efficacious as the Barnes bag, and much more acceptable to the patient, since the sponge is more readily compressed. The results which I have obtained are so satisfactory that I am convinced if this treatment is properly carried out we need scarcely ever resort to the division of nerves. A case or two may not be inappropriate here:

Dr. J. R. (initials borrowed) having previously consulted me concerning his wife, brought her before me January 5th, 1882. She had suffered much from occasional attacks of neuralgia. Is of gouty diathesis, twenty-five years of age, had been married three years, and had never had intercourse, she being so sensitive as not to tolerate the slightest touch of anything to the vulvar mucus membrane; had resisted all his arguments for operative treatment. On examination I found two large vascular excrescences protruding from the orifice of the urethra; also several arunculæ around margin of vagina, which I considered the prime factor in this case, but finding I could not persuade the patient to submit to operative interference for their removal, I made an appointment with them, and on the following day inserted a sponge tent, which the patient retained for two hours with but little inconvenience. I inserted another the following day, which she retained eleven hours. After the use of seven tents the doctor reported a perfect cure.

February 27, 1883, Mrs. M. B., aged 24, slight build; been married two and a half years, and bearing every evidence of sexual starvation, her health having failed rapidly during her married life. She stated she had not been able to have intercourse with her husband on account of being so tender and sensitive. An examination verified her statement, and disclosed the presence of a severe leucorrhœa, an abundant discharge of viscid mucus,

which led me to suspect uterine trouble. I attempted to use the speculum, but she could not tolerate it. I ordered hot vaginal injections for that evening and next morning, at which time I inserted a small tent, which by its gradual distention was borne four and a half hours quite well. I prescribed nerve tonics, and by the use of five tents gradually increased in size, she completely recovered.

A CASE OF NERVE INJURY FOLLOWED BY TROPHIC CHANGES.

BY B. F. CRUMMER, M.D., WARREN, ILL.

[Read before the Illinois State Medical Society May 16, 1883.]

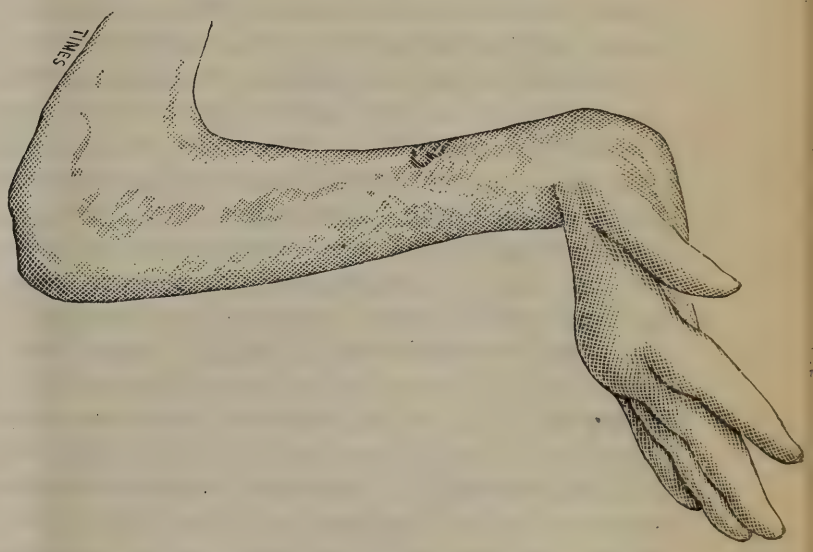
The trophic changes which follow injuries to the peripheral nerves must present themselves quite rarely, or are overlooked, for the literature of the past ten or fifteen years has added little to the observations of Weir Mitchell, as given in his monograph on the subject. Charcot, in his clinical lectures, amplifies the statements of Mitchell somewhat, but accords the honor of the elucidation of the subject to American surgeons, from the study of cases that occurred during the war of the rebellion. There has existed a common agreement that the nutritive changes about to be described usually follow bruising, puncture or incomplete section of the nerve involved, giving rise to irritation and chronic neuritis; instead of a complete section or division of it. The atrophy which sometimes occurs in the muscles of the shoulder and arm after subglenoid dislocation of the head of the humerus can be traced to some injury of the circumflex nerve, or of some branch of the brachial plexus. Of this I have seen two cases. When a nerve is completely divided, anesthesia of the parts supplied is complete and immediate, as well as electrical reaction. Atrophy may follow, but only when the member has been in a state of inaction long enough to account for it.

The muscular changes from nerve irritation, on the other hand, begin very soon after the injury and are associated with lesions of the skin and nails, and trophic changes of the joints that form clinical picture so marked and characteristic that it should always be recognized. The fact that the cases are, by their infrequency, markedly out of proportion to the number of cases of nerve injury in surgical and military practice, is simply another proof of the great regenerative power inherent to nerve tissue. That is, a majority of the cases of nerve injury do not result in demonstrable nutritive changes.

In the recognition of these cases progressive muscular atrophy of central origin must be eliminated. The skin is subject to various forms of eruption, as herpes zoster, erythema, eczema and ulcerations of both outer and inner layers, including pemphigal eruption, which leaves behind vicious cicatrices. The surface of the skin is, in the portions free from eruption, smooth and glossy. The nails grow viciously, are thickened, curved from side to side, and present serrations and ridges both longitudinal and transverse. The joints of a limb thus affected suffer a peculiar arthropathy, which gives rise to contraction and anchylosis, resembling the deformity of chronic rheumatism. Periostitis occasionally occurs. The tactile sense as well as the pain sense is diminished.

The following case I have thought worthy of record from the fact that it presents the manifold lesions in an aggravated form, having existed for more than twenty years, with only symptomatic treatment, a diagnosis of the true condition having never been made, so far as I can learn from the patient.

S. T. Woolworth, now 67 years of age, was a member of the 8th Illinois cavalry. In September, 1862, at the battle of Antietam, he was wounded by a fragment of shell traversing the anterior aspect of the left forearm from side to side, close to the



elbow joint. The wound was superficial, the projectile cutting its way out through the skin. The wound was deeper and wider on the ulnar side. There was little hemorrhage. The patient remembers that there was some immediate numbness and difficulty of motion, but this was never complete in any part of the hand or arm. The wound healed in three or four weeks, and he did camp duty for three months, during which time his muscles were growing smaller and his joints somewhat stiff and useless. An eruption occurred, which he describes as "watery blisters," covering the forearm and hand. Four months after the injury he was discharged for disability. The disturbances of nutrition in the arm, which began so promptly after the receipt of the injury, have progressed to a marked degree and are well shown in the engraving.

The patient used the arm more or less for ten years after leaving the army, during which time atrophy of all the muscles of the forearm, arm and shoulder was increasing. The wrist and elbow joints became slowly anchylosed, the first completely, that of the elbow permitting a few degrees of flexion from its ordinary right-angle position. The fingers and palmer aspect of the hand show a marked hypertrophy, contrasting strongly with the withered state of the arm.

Dr. Wm. G. Morton, of New York, in a recent clinical lecture, (unpublished), drew attention to this feature of perverted nutrition, as demonstrated by his case, in which the thenar eminences were enlarged after nerve-injury from a dislocation.

In my case the skin presents a bright, glossy aspect, especially that of the hand and fingers, and desquamation following vesicular eruption, often ending in tedious ulceration, has been a constant symptom. At intervals intense erythema of the forearm and hand occurs, and is attended with severe burning sensation—causalgia. While the atrophic changes have extended to the shoulder, the skin affection exists only on the forearm and hand, or on the distal side of the injury. The nails (which cannot be seen in the cut), show marked curving, with thickening and irregular corrugation—turtle-shell appearance. The patient said, "ever since the wound my nails have grown every which way." The faradic current produces only slight reaction in any of the muscles, and sense of pain from severe pricking is only very slowly conveyed when it is felt at all. Attempts at motion produce tremulousness of the limb. Although Dr. Morton, of New York, believes that thorough counter-irritation over the site of the injured nerve will cure nearly all cases of this affection, I have been deterred from using blisters in this case, because of the great tendency to ulceration and the seeming entire loss of any regenerative power of the skin. In fact, the member is so utterly useless and troublesome that the patient has consented to an amputation at an early day.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

REGULAR MEETING, MAY 21. 1883.

[Reported by Dr. F. S. Johnson.]

Dr. D. W. Graham, President, in the chair.

Dr. J. E. Owens read the report which he had made to the State Medical Society as chairman of the Committee on Surgery, which has already been referred to in the Review's account of the proceedings of that body.

Dr. H. A. Johnson offered the following:

Whereas, The library collected under the direction of the Surgeon-General of the United States army is of great value, and is accessible to the profession for study and reference; and

Whereas, The provision for its care and for the compilation of the index catalogue is of the greatest importance; therefore,

Resolved, That Congress be requested to provide a suitable building for the safe keeping of the collection, and to make an adequate provision for its maintenance and the completion of the catalogue.

Resolved, That in the judgment of the society the amount for the maintenance of the library alone should not be less than $10,000 annually.

Resolved, That Congress be asked to provide a commodious fire-proof building for this library and the Army Medical Museum.

Dr. Johnson, in speaking to his resolutions, said that the library was the best of the kind in the world. Members of the medical profession in Chicago could borrow books from the library at pleasure through Mr. Poole, Librarian of the Chicago Public Library, by paying the expense of their transportation from and to Washington.

The resolutions were adopted and a committee of three was appointed to communicate with Congress men and Senators from Illinois in reference to securing desired legislation.

ST. LOUIS MEDICAL SOCIETY.

Saturday, June 2, 1883.

The Vice-President, Dr. Dudley, in the chair.

Dr. Coles read a paper on "Milk Culture," in which he stated that it was remarkable to what an extent milk was undervalued as food. The subject was an eminently practical one and so broad that it was impossible to embrace the whole in a paper of ordinary length. Attention was called to the composition of milk and how it varied, and to the differences between cow's milk and that of the human female. Cow's milk is to be diluted and sweetened for the infant; six or eight months later it may be taken pure, and no article is more suitable as a food. Milk is in its best state the moment it leaves the breast. To draw it and let it stand is an artificial process, and science is as much needed in the dairy as in any other pursuit. All are familiar with the good effects derived from training horses; in the milk countries of Europe, by training, breeding and selecting, the cows yield nearly twice as much as they did forty years ago, and the quality of milk is better. Some forty years ago, four hundred and fifty to five hundred gallons was considered a good yield for a cow during one season of ten to eleven months; now eight hundred to one thousand gallons are yielded, and even more. At the Farmers' Club in London in 1881, ten cows were reported to yield an average

of thirteen quarts per day or one hundred and twenty thousand pouuds per year, or six hundred thousand pounds of milk in five years, equal to six times their own weight. This shows what a vast field there is in Missouri and her neighbors for a remunerative industry and it would also show itself in the health and stamina of the people.

The cow is a most sensitive machine; people ought to know that milk may undergo changes before it leaves the udder. For example, it may be changed by the cow being chased by a dog. Arnold spoke in the American Dairymen's Association of brutal severity and fright making the calf sick. The milk contains little fat and sugar, the caseine disappears almost entirely and there is present an imperfectly formed albumen. Swill, bad water, overdriving, etc., will produce this. Cows should be treated with every consideration; they should be provided with proper food, drink and shelter.

Milk is a transition compound and can only be preserved by great care; it changes rapidly, especially in warm weather It does not perish from intrinsic decompositions, but from fermentations through the atmosphere. It is very favorable to the absorption of bacteria. When scalded it may be sealed in cans and preserved for years. Milk absorbs odors very readily, and it ought only be kept in such an atmosphere as we can live in. It is capable and has absorbed the poison of typhoid, small pox, scarlatina, etc., and has spread these diseases most thoroughly. To secure good milk constant espionage and inspection is necessary. So many frauds are perpetrated in cities that it is no wonder people are so prejudiced against milk. Of course, it will take a long time to effect a decided reform in this respect; but in many of the other countries where the standard is higher and inspection rigid, the irregular dealers are falling into disfavor. The Anglesburg Milk Company supervise strictly and test each can of milk; samples are taken from families at irregular intervals and tested. The premises of the farmers are inspected and they are made to report all cases of sickness in their families or employes. The Copenhagen Milk Company have select milk in jars for infants, and this is stamped as pure. The St. Louis Dairy Company proposes to furnish pure milk, and it is hoped that it will endeavor to do this well.

Milk to be proper in quantity and quality must come from the country. When cows are kept close and as they are in cities it cannot be good. Let us hope that the coming State Board of Health will do something in this direction. It is essential that the masses be enlightened upon two points: 1. That milk is essential for infants and invalids; and, 2. That it should be good. The St. Louis Fair Association is contemplating a dairy department, and no more effectual method could be gotten to place people in relation with dairies and their products. Scientists and chemists tell us that beef-tea is a delusion and a snare; in milk we find a substitute, and this article of food will alone sustain life for an indefinite period.

Dr. Dean thought that the education of the farmer was also a point of importance. A great deal of care is necessary to properly rear kine. Each animal is raised for the express purpose desired. If raised for milk, we can see that very soon the bulls would be in surplus and would have to be killed or sent off. The producing of cows alone has reached an astonishing degree of perfection. A great many think that milk is swill-milk because the cow is swill-fed and the swill filters through. The fact is the food must first become tissue and then the peculiar cells going to form milk undergoe fatty degeneration. The milk of a swill-fed cow is watery because the tissues of the cow are œdematous. If the animal is diseased the milk is more or less so. It is also an erroneous idea that milk can be directly affected by the cow drinking stagnant water. Dr. Laws, of Cornell, promulgated this, but his proof contained several sources of error. Organisms may cling to the hair of the cow or even go up to the openings of the teats. Dr. Coles is right in regard to rigid inspection, and it will have to be made.

Dr. Hurt stated that he had read that cows can be spayed soon after calving and will then continue to yield milk uninterrupted by bearing calves. They are said to produce milk for the balance of their lives, are more docile and their value doubled. The operation is perhaps fatal in some cases, but the value of a cow that recovers is enhanced to such a degree as to warrant the risk. If this was properly availed of among dairy men, it would prove very valuable.

Dr. Dean said this had been tried, and the tendency of the cows is to fatten and for the milk to stop.

Dr. Atwood stated that he had been engaged in farming for several years and had devoted some attention to milk cows. He knew of several cases in which the cows had been spayed in full milk after the birth of the second or third calf, and they continued giving that amount of milk for the remainder of their lives, with the same food and under the same conditions. He thought the suggestion a valuable one; the performance of the operation is not well understood, but would soon be if it was one that became popular.

Dr. Love thought it a shame that the city did not regulate the sale of milk. He had reason every day to know the value of good, pure milk. The proper treatment of children depends upon giving them proper food. The milk problem is an important one; the majority of our patients are children.

Dr. L. did better with condensed milk as a rule than with the milk as obtained here. He also found that leaving out milk altogether and giving raw beef to children does better.

Dr. Kingsley said that there were always inquiries for substitutes for mother's milk. It is a popular fallacy to suppose one cow's milk is better than that obtained from several. Cows kept in stalls as a rule have acid milk, whereas it ought to be alkaline. Perhaps the better plan in feeding infants is to boil the milk as soon as obtained and add bicarbonate of soda to prevent fermentation: and instead of filling a feeding bottle with rubber tubes, etc., in which decomposition takes place, put just enough milk for a single feeding and draw the nipple over the neck of the bottle, and after feeding wash out immediately and keep it and the nipple in cool water until required again.

Dr. Henske said that feeding infants under three years of age was a difficult matter. He had tried cow's milk and condensed milk and found that after a few weeks the children began vomiting, the latter being borne longer. Dr. Love's suggestion of changing to raw beef is a good one. Had tried it and it acted well. Lately tried a new plan, that of using pancreatic extract and peptonizing the milk, and it was excellent.

Dr. Love explained that he selected tender meat and scraped it and reduced it to a pulp, warming and seasoning it slightly. As much as a tablespoonful was taken every four hours.

Dr. Pollak remarked that this was a common practice among the Germans, who gave it in large quantities, calling them "meat pills." In Russia it is the ordinary food for children.

Dr. Johnston said that the raw meat diet was being given up and beef-tea substituted, on account of the want of adaptability of the gastric glands of the infant for this sort of food (raw meat.)

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Thursday Evening, May 24, 1883.

The President, Dr. Tyson, in the chair.

Mitral Stenosis and Regurgitation followed by Tricuspid Regurgitation and General Dropsy. By J. T. Eskridge, M.D.

Ellen D., 48 years old, single, servant, was born in Ireland. Her mother died from some chest trouble when about forty years of age. Her mother's relatives were subject to "pleurisies and rheumatism." Her father lived to an advanced age. Ellen enjoyed good health until six years ago, when she suffered from three attacks of rheumatism within a few months. During each attack she was lame in her feet and legs. After those rheumatic seizures, she was comparatively comfortable until the early part of the year 1879, when she noticed that going up or down stairs, or prolonged or active exercise, exhausted her more than usually, and gave rise to palpitation of the heart. In the year 1880, she had another slight attack of rheumatism. She said her feet were almost constantly swollen during the years 1881 and 1882. Last summer her general health improved, but when the cold weather of the following fall and winter set in, increasing dropsy and dyspnœa returned. She was admitted into the wards of the St. Mary's Hospital December 5, 1882, suffering greatly from general cardiac dropsy and associate symptoms. One month later it was noted that she temporarily improved after her admission, but the dropsy reoccurred and she failed rapidly.

January 10, 1883, her condition was observed to be as follows: She was jaundiced, irritable and morose. She dozed frequently, her mind seemed clouded, but she was very restless. The tongue was heavily coated, breath had an offensive urinous odor, stomach was irritable, and anorexia almost complete. The urine was diminished in quantity, and contained abundance of albumen. Effusion existed in each pleural cavity, slight in the right, but the left side was filled up to the lower angle of the scapula. The pericardium contained an increased quantity of liquid. The lungs were congested, and numerous moist bronchial rales were present. Arterial pulsation was seen only in the carotids. Visible venous pulsations were very pronounced in the veins of the neck, and in one or two superficial veins on the anterior surface of the chest. After emptying the veins and exerting pressure upon them, they were observed to fill from the cardiac side and again pulsate while the finger was still firmly held against the vessels. A wavy impulse extending over a large area was seen. The cardiac pulsation was most marked just below the lower end of the sternum.

The pulse was very irregular and difficult to count, being about 120 per minute. It was intermittent, and irregular in volume and frequency. The variations of the pulse were most prominent when the hands were raised above the head. The impulse of the heart was felt over a large portion of the anterior surface of the chest. The area of the cardiac pulsation was bounded, on the left by a point in the fourth intercostal space external to the left nipple, on the right by a point one inch internal to the right nipple, below by a point two inches below the sternal notch, and above by the left second intercostal space. Hepatic venous pulsation was very distinct. Precusion dullness was most increased on the right side. The pulmonary and aortic valves were apparently free from disease. A presystolic murmur, with its seat of intensity over the left fourth costo-sternal articulation, was heard. A

systolic murmur, whose seat of intensity was over the left fifth costal cartilage, was heard over the anterior surface of the chest from nipple to nipple, and in the left axilla. It was difficult to determine whether the murmur was audible posteriorly, as the bronchial and crepitant rales and rapid breathing were confusing. Four or five days later the presystolic murmur ceased to be audible. At that time general anasarca was well pronounced. January 24, she went into a semi-conscious condition, which gradually deepened into coma. She died January 26. She expectorated considerable blood and frothy substance during the last month of her illness.

Sectio cadavaris twenty-four hours after death. Body well frozen. Considerable adipose tissue still remained. Thoracic and abdominal cavities only examined.

Thorax.—Left pleural cavity almost completely filled with a thin, straw colored, serous fluid; right pleural sack nearly half full of similar effusion; were no pleural adhesions. The left lung was crowded into a small space and congested; the lower lobe sank in water. The right lung was being encroached upon by the effusion, and its lower lobe was consolidated; the upper, emphysematous.

The pericardium contained about six ounces of fluid similar to that found in the pleural cavities. No adhesions or patches of fibrinous exudations were seen on the surface of the heart. The cavities of the heart were relaxed and filled with dark fluid blood. The right auricle was greatly dilated. The tricuspid orifice admits the ends of the thumb and all the fingers of one hand up to the distal joint. The right ventricle is dilated and its wall is thickened. The tricuspid valve is insufficient. The valves at the pulmonary and aortic orifices are thin but competent. These orifices are not constricted. The wall of the left ventricle seemed to be thickened, and the ventricle is slightly dilated. The curtains of the mitral valve are adherent to each other near their attached borders, and constrict the orifice, which they are no longer able to close, into a round opening only large enough to admit the end of the index finger.

Abdominal Cavity.—The blood vessels of the stomach and bowels distended. The mucous membrane softened. Liver, heavy, dark, and grated under the knife. Spleen, enlarged, congested, and denser than normal. Pancreas healthy. Both kidneys were congested, slightly cirrhotic, but contained considerable functionating tissue. General dropsy is rare in cases of mitral stenosis, except as in the present instance, where it is combined with mitral insufficiency. No thrill was present during my attendance, which extended over a period of four weeks immediately preceding her death. The mitral presystolic murmur ceased to be audible during the last two weeks of her life. The absence of the presystolic murmur in cases of extreme stenosis of the mitral orifice, late in the disease, when the heart is weak and is acting rapidly and irregularly, has led some observers to believe that the murmur is frequently absent throughout the course of this form of valvular lesion. To this point I directed special attention in a recent paper on the "Diagnosis, Prognosis and Treatment of Mitral Stenosis," read at the last meeting of the Pennsylvania State Medical Society.

Congenital Malformation of the Heart, with Cyanosis. Death at the age of twenty-nine years from Pulmonary Tuberculosis.

Dr. J. T. Eskridge gave a detailed account of the above case. The patient, a man, twenty-nine years old, had never been strong and able to run and play like other boys without suffering from severe palpitation of the heart. So far as the man could remember, he did not become blue before his twelfth year. After the occurrence of cyanosis his health became much worse. He had rarely experienced pain in the region of the heart. One year ago he first observed pains shooting through the upper portion of the right side of the chest. These continued, and at times were severe, being sharp and lancinating in character. From the first appearance of the pains he began to lose flesh and strength. About the time of the beginning of the chest pains, a dry, hacking cough commenced, but expectoration was not profuse until a few weeks before I first saw him, when he took a heavy cold, which was followed by a high fever, great prostration, and profuse night sweats. He was admitted to the St. Mary's Hospital January 2, 1883. The surface of his body presented a dusky hue, and his face, neck, hands and feet (especially the fingers and toes), were quite blue. When he sat up the blue color of the mucous surfaces of the lips deepened into dark purple. The distal phalanges of the fingers and toes were hypertrophied, and the small, superficial veins of the face, fingers, and various other portions of the body were easily seen and counted. The upper lobe of the right lung was consolidated and contained a cavity, the lower lobes were partially infiltrated. In the left lung the lower lobe was solid and the upper was being infiltrated. Over the left lung pleuritic friction râles were numerous.

No venous pulsation was discovered. A presystolic thrill was felt in the third and fourth intercostal spaces to the left of the sternum, and was barely appreciable in the third intercostal space at the right border of the sternum. Percussion dullness was increased laterally. The cardiac impulse was felt and seen in the fourth intercostal space external to the left nipple.

A systolic and presystolic murmur with their seats of intensity near the left fourth costo-sternal articulation were heard. The systolic murmur was audible anteriorily over a large area, and posteriorily at the lower angle of the left scapula. Anteriorily the systolic murmur was heard as low as the seventh rib on each side the sternum, faintly just below the left clavicle, but it was lost just below the right clavicle. The systolic murmur was audible in the left axillary region, but not in the right. The presystolic murmur was limited to a small area. The next three days the temperature varied from 100 to 102.5°. On the 6th, he coughed up several mouthfuls of blood unmixed with mucus. From the 7th to the 11th there was profuse expectoration of purulent matter containing small quantities of blood. Breath was very offensive, and the apex of the right lung was breaking down rapidly, Diarrhœa was rebellious and exhausting. He died suddenly on the morning of the 12th.

Post-mortem examination was made about four hours after death. The lungs were infiltrated by tubercle. The left pleural cavity had been obliterated by general pleuritic adhesions, the right contained about three pints of sero-sanguinolent fluid.

Heart.—Numerous pleuro-pericardial adhesions were present. The pericardium was not inflamed on its internal surface, and was nowhere adherent to the heart, but it contained about two ounces of a straw-colored serous fluid. The heart was anæmic, flabby and dilated. Its cavities contained a small quantity of fluid blood. No heart-clot had formed. The right auricle, including its appendix, was enormously dilated. The right auricular wall was somewhat thickened. Across this auricle a thin membranous strip stretched from right to left and from above downward. Its attachment above was at the upper portion of the auricle to the right of the appendix, below at the left margin of the tricuspid orifice. This imperfect septum, he thought, had been an attempt by nature to divide the auricle into two nearly equal compartments. The interauricular septum was imperfect, the foramen ovale being sufficiently patulous to admit the passage of his thumb from the right auricle into the left. The right auriculo-ventricular orifice was enlarged and admitted the ends of the thumb and all the fingers of one hand. The right ventricle was dilated to nearly twice its normal size. Its wall was not much thickened. A patch of fibroid induration, one inch long by half an inch wide, was seen on its endocardial surface. The anterior and posterior segments of the tricuspid valve were united and formed one large leaflet. The left segment was so situated that it could not have aided materially in closing the auriculo-ventricular orifice. The greater portion of the imperfect segment was stretched across the ventricle near the apex of the heart, and more or less obstructed the current of blood from the ventricle into the pulmonary artery. Free regurgitation at the tricuspid orifice was permitted on account of the large size of the orifice and the imperfect condition of the valve. The other valves of the heart were thin but competent. None of the orifices of the heart were constricted. The left cavities of the heart were rather small. The pulmonary artery was smaller than normal.

No special disease besides a fatty condition of the liver was seen in the abdominal organs.

In his remarks on the case Dr. Eskridge said that the membranous strip which extended across the right auricle vibrated with the auricular current of blood and probably had given rise to a presystolic murmur. If the blood, in struggling through the patulous foramen ovale, had given rise to a murmur, it also would have been presystolic in time. He stated that the presystolic murmur in the case was well defined and easily distinguished from the systolic one, and thought it was unfortunate for the science of physical diagnosis that both these conditions existed in the same heart. He knew no means by which one would be able to attribute the presystolic murmur to one or both of them, since it was not positive whether an interauricular current was capable of developing a presystolic murmur. He desired that the heart should be referred to a committee of three for a fuller report on the congenital malformation.

Dr. Nancrede referred to the development of the heart as explaining such variations, etc. It was referred to a special committee for examination.

BOOKS AND PAMPHLETS RECEIVED.

An Index of the Practice of Medicine. By Wesley M. Carpenter, M.D.

This little work is an excellent one of its kind, fully up to the present time in regard to the symptomatology and treatment of disease. It is not intended to take the place of the text books, but is designed, as the author states, as an aid to the study and practice of medicine. It is gotten up in unusually good style, with flexible covers, and is interleaved throughout, affording an opportunity for making notes as to the effect of remedies, etc. It is published by the well known house of Messrs. Wm. Wood & Co., New York.

Report on the Pathology and Morbid Anatomy of Tubercle.

We are in receipt of a copy of this report made to the Wisconsin State Medical Society, by Dr. N. Senn, of Milwaukee, Chairman of Committee on Pathology. It is an admirable resumé of the various ideas held by pathologists during the last century. The reporter does as full justice to the investigations of Koch as his space will admit, and seems inclined to accept his results, but is a little guarded in his expressions. The report is gotten up with the doctor's usual diligence, and is closed with an excellent short bibliography of the subject.

The Weekly Medical Review.

Vol. VII. No. 22. CHICAGO AND ST. LOUIS, JUNE 16, 1883. Terms: $3.00 a Year.

The Surgeons in the Employ of the Wabash, St. Louis and Pacific Railway have held their second annual meeting at Fort Wayne, a report of the proceedings appearing in this number of the Review. The meeting was of sufficient importance to justify our giving it a little editorial attention. In the first place credit for the organization is to be given mostly to the chief surgeon of the road, Dr. J. T. Woods, of Toledo, Ohio. The association was moreover the first of its kind to be successfully operated. The advantages accruing to the surgeons of the road by such an organization are many. It conduces to perfect harmony, to ready co-operation, to pleasant mutual acquaintance, to enhanced respect for the service on the part of the managers of the road, and lastly, no one can attend a meeting with such a programme as that prepared for this one, and listen to or participate in the discussion carried on with as much earnestness as it was upon this occasion, without being the better qualified to attend to his duties as a railway surgeon. The programme, which included some papers read only by title, will bear comparison with that of any body of surgeons who ever met or are likely to meet for this especial purpose. Railway surgery is par excellence the surgery of accidents, and now-a-days almost a special branch by itself; and nothing will do more to foster an interest in it and prepare one for readiness in all emergencies than some such healthy society as this, which meets to advance both individual and common interest. And this leads us to speak of similar organizations on other roads. So far as we know the Chicago, Rock Island and Pacific and the Pennsylvania companies are the only other roads in the country which can boast of any such societies, and both of these are of quite recent foundation, and not yet in working order. We are informed that the surgeons of the latter company held a meeting lately at Crestline, at which only one paper was read. And speaking of this company's service, we cannot too heartily condemn the system in vogue along its lines of only securing as its surgeons young men who are willing to work "for the glory" without pay. It is known that at one place they have secured a young man who keeps a drug store. It is strange that such corporations cannot be made to understand that when they are not willing to pay a competent surgeon a fair fee they pay ten, yes, fifty times the amount in satisfying claims for damages or malpractice. All these roads, the Wabash included, will pay enormous amounts to their attorneys, and at the same time send a surgeon out at night along the road for some trivial case, and then cut down his bill to a half or a quarter its proper figures. We lament that lack of independence by which a surgeon who would refuse to work for nothing for a poor man will work for nothing, or next to nothing, for a wealthy corporation; and we deplore even more that lack of appreciation for skilled surgical services shown by the railroad magnates who estimate money and its obtainment as far above brains or knowledge and its attainment.

Dr. Quinan, of Baltimore, has unearthed the following as the record of the first legal autopsy in America (Maryland Med. Jour.): "At a provincial court held at Patuxent, for the province of Maryland, Sept. 23, 1657, whereas, it is thought requisite that a view be taken of Henry Gouge, who is suspected to have been brought to an untimely death by his master, John Dandey; and whereas it is conceived that this cannot be had so conven-

iently in time as by a competent jury to take a view of said corps, the court doth order that Mr. James Veitch be hereby empowered to go to the place where the said Henry Gouge was interred, and to call so many of the neighbors as conveniently can be procured, with two chirurgeons, viz., Mr. Rd. Maddocks and Mr. Emperor Smith, and after said neighbors and the two chirurgeons have taken a diligent view of the said corps, then the said chirurgeons in the view of those present are to take off the head of said corps, and after diligent view and search to signifie under their hands how they find said head and corps, are to cause the said head to be carefully lapped up and warily brought to the court with what convenient and possible speed as may be." The fee allowed in this case will not be without interest to some; it was a hogshead of tobacco.

A few Weeks ago we called attention to Dr. Mastin's paper on "Chylocele," published in the Annals of Anatomy and Surgery. A rather similar condition is now reported by Nieden (Virchow Archiv., xc., 350), as occurring in the female. The trouble was in the labia-majora, had persisted sixteen years, and was characterized by small vesicles from which a milky fluid exuded, and, after exertion, in great quantity. External applications having been tried in vain, a portion of each labium was removed with the cautery, hoping that the cicatrix might cause a radical cure. The trouble did cease for two years, when the vesicles reappeared on the right side. Trace of the patient was then lost. Microscopic examination of the excised portion showed dilatation and new formation of lymph vessels. This case is not unique, but one of sufficient rarity.

The Following are the main symptoms of milzbrand (malignant pustule charbon, Anthrax malignus) as given by the government at Opelln, Germany (Dutsche Med. Zeitung), as several cases have recently occurred in that neighborhood. Malignant pustule is a specific infectious disease which occurs chiefly in herbivora, and can be transmitted from these to various other animals and man. The poison is due to the presence of bacteria in the blood of the animals, deposited most profusely in the spleen, as well as in the mucous membrane of the intestine and the lymphatic glands. In consequence of the immensely rapid multiplication of these spores, not only the interior and exterior of the animal is filled with them, but also the ground, the food, the drink, and the stalls of the animals. From experience we know that malignant pustule arises most readily in damp river valleys and on warm, humid ground, rich with humus and underbedded with clay, which prevents drainage. Pasturing animals on swampy meadows, and watering them from stagnant pools, as well as feeding them on plants that grow in the localities where the cadavers of animals dead with malignant pustule lie buried, will favor the production of the disease. The disposition to malignant pustule is different with various animals. Sheep, goats and cats are most readily taken, then horses, swine and dogs, while cattle have comparatively the least disposition to be infected. The symptoms are peculiar. In herbivora the malignant pustule is generally manifested suddenly. Animals that a few minutes before were quietly feeding, retreat from the trough, extend their head and neck, and die in a short time. Rarely do they live several days; then swellings appear in various parts of the body, which sometimes acquire large dimensions. At first hot and painful, they become cold in twelve to twenty-four hours. Often gases are developed in them, so that when the hand is passed over the tumors crepitation is produced, and from one or more openings sanguinolent pus exudes. This as well as any manipulation with the quickly decomposing cadaver will very readily infect the human subject. Malignant pustule does not occur idiopathically in man, the only means of infection being direct transmission of the poison from animals. In most cases infection results from occupation with animals sick with malignant pustule, or in slaughtering these animals, and especially in flaying and evicerating them. As the poison

is uncommonly tenacious, is not destroyed by considerable cold, and persists in its virulence, even after years, it may be readily transmitted from the offal of the cadavers to dealers in hides, tanners, harnessmakers, and woolcombers. Even from stockings made of the wool of the diseased sheep, infection may occur. Not infrequently flies have been proven to be the carriers of the poison. The consumption of meat of animals who suffered from malignant pustule is highly dangerous to man. It is, therefore, necessary to use the greatest care in handling such diseased animals or their cadavers; also, in removing the cadaver or its excreta and disinfecting the ground and surroundings of the diseased animal. The best method to dispose of the cadaver is to burn it or to boil it until the soft parts have entirely fallen to pieces. The interment of the body is not sufficient security against the propagation of the poison.

Dr. Mortimer Granville writes as follows in the Lancet: "As a matter of clinical fact—a fact too commonly overlooked, if, indeed it be widely recognized—typhoid fever is generally preceded by an affection of the throat, which, if minutely examined, will be found to be characterized by the presence of minute pellicles of diphtheritic membrane, usually situated on the upper and posterior surfaces of the tonsils, and nearly always accompanied by a few small patches in the fauces. This is particularly noticeable in the Paris fever. There would seem to be a tendency to the development of this membrane in direct proportion to the intensity of the poison and the vigor of the constitution—if I may use this term—of the patient attacked, and in inverse proportion to the rapidity with which the glands of the intestine are infected. To state the results of inquiry—somewhat too dogmatically perhaps—it may be said when a patient is affected by the specific morbies of diphtheria or typhoid, the poison being the same in either case, it depends on the subject more than the disease, whether the malady will take the form of diphtheria, conventially so-called, or of typhoid fever, and in a case in which the diphtheritic throat affection is strongly marked at the outset, there would be special danger from hemorrhage, not from deep ulceration, but from rupture of minute vessels during the course of the disease, when the diphtheritic sloughs are thrown off from Peyer's patches; the hemorrhage, if it occurs, being preceded by the appearance of exceedingly minute streakings of bright blood in the yellow, ochre-like (Budd's) portions of the stools.

A Protestant Institution for the supply of trained English-speaking nurses has been organized and put in successful operation in Rome (Planet). Miss Martin, who has shown good sense and considerable directing power as superintendent, took out with her several nurses from the Bellevue Training School in New York, and added two to her force in England. All the nurses have given satisfaction to their employers in Italy, and as the superintendent has received seventeen applications which she could not fill, the committee in charge of the work has decided to increase the number of nurses to eight, and to appeal to American and English residents and travelers in Italy for funds to establish permanent premises for the institution, including hospital rooms, to which persons may be taken when they cannot be properly cared for at the hotels.

Chicago, which, like other cities, has to endure so much at the hands of its politicians, is blest with a large charity hospital, known as the County Hospital. But the hospital is cursed by political management, and indirectly figures in most of the local political campaigns. It is under the control of the Board of County Commissioners, and as a sample of its local importance the writer remembers when one of these commissioners had thirteen of his own or his wife's relatives engaged in some capacity about the buildings. Not within the memory of the oldest inhabitant has the warden of the institution been known to have been selected on account of any peculiar capacity for experience in such a

position, but purely on account of his political strength. And so with the commissioners as a governing board; not one of them have ever been known to have any but the most startlingly original ideas concerning the needs of a hospital. They become hospital managers because they are county commissioners, that is, ex officio, and they become commissioners because, as saloon-keepers or petty politicians, or by virtue of some equally elevating and elevated position, they have acquired the requisite "inflooence" with the laboring classes, or have learned how to manipulate the nominations and float in with the party. It will be seen what a peculiar propriety there is in allowing such men to virtually manage a hospital, an insane asylum, and a poor-house infirmary, to select a county physician, and to grapple with other important problems for which they are equally well (?) fitted. One of these county ornaments is now under trial, having been indicted by the grand jury for conspiracy in trying to oust the present hospital warden and put in a tool of his own. Another pride of the people has been nosing around, and having assumed to dictate to one of the internes on the homeopathic side of the hospital just what he should and should not do with a case of lacerated cervix and perineum, finally called on the young gentleman to resign because, forsooth, the doctor was so rash as to assume to know more about the case than the commissioner; which was, as will be readily understood, a most aggravating assumption. We are reminded of the story of a commissioner of charity in New York. It seems that pyæmia was at one time extremely prevalent in one of the large public hospitals in that city, and it was deemed best to investigate in order to discover, if possible, the source of the trouble. This gentleman, true type of his official breed, was of German descent, and accompanied his official brethren on their nosing expedition. He was much interested, ransacked high and low, peered into closets, looked under beds, and permitted no nook nor cranny to escape his vigilant eye. The tour ended, the board met in conference. Proceeding at once to business, this son of the Vaterland, exclaimed: "But, gentlemens, vere is de pyeemia; I haf seen no pyeemia." It is not to be expected that Cook county can accomplish any immediate reform in this matter; it is a difficult matter to shake off the devil-fish of politics when it has secured a hold by means of its long arms and countless suckers, but a little agitation on the subject can do no harm.

Paroxysmal Hæmoglobinuria is regarded by Dr. J. Boas as a disease entirely distinct from any other form of hæmoglobinuria. (Deutch. Med. Zeit. Record.) He thinks it is brought on by cooling of the skin, as of the hands, feet, nose, ears, etc., and believes that the intensity of the paroxysm is in proportion to the degree and duration of the cooling. The destruction of the red-blood globules and the passage of the hæmoglobin into the plasma, he says, is the primary condition. The cause of this increased destructibility of the blood globules is difficult to determine; in some cases it may be due to syphilis, in others to intermittent fever. The destructive process is at first confined to the place of cooling, but afterwards involves the general circulation. The treatment is based upon the etiology when that can be determined.

Dr. Polaillon reported to the Société de Chirurgie de Paris the following case (N. Y. Med. Record): A woman, seventy-two years of age, suffered greatly from pain, especially during the act of micturition. An examination per vagina was made, and a hard body being felt, the physician gave a diagnosis of carcinoma. One day the patient experienced more severe pains than usual, and passed some blood. Putting her finger into the vagina she felt a hard body, which she supposed to be a bone, and which she managed by violent efforts to expel. It proved to be a calculus of oxalate of lime with a phosphatic crust. It weighed 4 3-8 ounces, and measured $2\frac{3}{4}$ inches in length, 2 3-8 inches in thickness, and $2\frac{1}{8}$ inches in width. The patient was afterward lost sight of, and it was not known whether the vesico vaginal fistula ever closed.

Dr. Kuster relates in the Berliner Klin Wochschft. a case of rupture of the sciatic nerve, which was mistaken for fracture of the neck of the femur (Medical Record). The patient, while walking, slipped and fell backwards. Such severe pain in the right leg and numbness of the foot was felt that he was unable to rise. When seen the next day there was intense pain in the limb, which was rotated outwards, and seemed to be shortened. Pain on pressure was most severe in the neighborhood of the hip-joint, where there was slight swelling. At first glance it appeared to be a case of fracture of the neck of the femur, and this diagnosis was guardedly made by two physicians, who saw the patient soon after the accident, but who did not make an examination on account of the great pain he was suffering. The fact that no crepitation could be elicited and that passive motion of the joint caused no pain led to the diagnosis of rupture of the sciatic nerve, which the subsequent conduct of the case confirmed.

In the Beginning of a communication on the subject of vertigo by Dr. Edward Woakes, in the British Medical Journal, April 28, '83, the author says (Medical and Surgical Reporter): The point of view which I propose to submit for consideration in this paper is, that all vertigo is essentially auditory in its seat; that is to say, whenever the symptom of giddiness, disturbance of the equilibrium, defective gait, falling, or whatever modification of these may characterize the symptom of vertigo, its immediate occurrence is due to a modification of tension of that part of the labyrinthine fluid contained in the semicircular canals, and the appreciation by the ampullar nerve-apparatus of this change of tension.

Alterative Medicines in the Treatment of Eczema.—Dr. McCall Anderson (Journal of Cutaneous and Venereal Diseases, May, 1883) formulates the following rules in the employment of the so-called alterative medicines in the treatment of eczema: 1. Let the dose, at first small, be gradually increased till the medicine disagrees, or till the disease begins to yield, and then let it gradually be diminished. 2. If the medicine disagrees, do not omit it altogether without very good reason, but try it in smaller doses or in another form, or omit it for a few days until the bad effects have passed away. 3. To give it a fair trial, it must be continued for a considerable period of time, because in some cases the eruption does not disappear till after it has been administered for many weeks. 4. Do not, as a rule, permit the patient to give up taking the medicine till some weeks have elapsed since the complete disappearance of the eruption.

What is Virtue?—The Emperor Sigismund, in conversation with Theodoric, Archbishop of Cologne, asked the Primate how he ought to act so as to obtain happiness. "We cannot, sire, expect it in this world." "What, then, is the way to gain happiness hereafter?" "You must live virtuously." "What do you mean by that expression?" "I mean," answered the Archbishop, "that you should always pursue the plan of conduct which you promise to follow when laboring under a fit of gout or indigestion."

Dr. J. Numa Rat states in the Lancet, April 7, '83 (Medical and Surgical Reporter), that he has treated a few cases of mild gonorrhœa successfully by smearing the penis with ointment of belladonna, and enveloping it in a cloth smeared with the same. No injections were used nor internal medicines employed, and the cure was complete in a week.

According to the Canada Medical and Surgical Journal, an old lady, hearing that Mr. John Bright was going to visit America, said: "Well, I hope he won't bring his disease along with him."

Dr. W. E. Quine, formerly of the Chicago Medical College, has accepted the chair of Theory and Practice in the College of Physicians and Surgeons.

The Academy of Medicine in Paris has condensed into the following sixteen propositions the most important hygienic rules for the care and management of infants. We reproduce them here with the sincere hope that all mothers and nurses will commit them to memory, and observe them as faithfully as the Ten Commandments of Holy Writ. (Translation of D. C. Holliday, M.D., in N. O. Med. Jour.):

I. During the first year the only suitable nourishment for an infant is its own mother's milk, or that of a healthy wet nurse. Suckling should be repeated every two hours—less frequently at night.

II. When it is impossible to give breast milk, either from the mother or a suitable nurse, cow's or goat's milk, given tepid, reduced at first one-half by the addition of water slightly sweetened—and after a few weeks one-fourth only, is the next best substitute.

III. In giving milk to an infant always use glass or earthenware vessels, not metallic ones, and always observe the most scrupulous cleanliness in their management, rinsing whenever used. Always avoid the use of teats of cloth or sponge, so frequently employed to appease hunger or quiet crying.

IV. Avoid carefully all those nostrums and compounds so liberally advertised as superior to natural food.

V. Never forget that artificial nourishment, whether by nursing bottle or spoon (without the breast) increases to an alarming degree the chances of producing sickness and death.

VI. It is always dangerous to give an infant, especially during the first two months of its life, solid food of any kind—such as bread, cakes, meats, vegetables or fruit.

VII. Only after the seventh month, and when the mother's milk is not sufficient to nourish the child, should broths be allowed. After the first year is ended, then it is appropriate to give light broths of paps, made with milk and bread, dried flour, rice and the farinaceous articles, to prepare for weaning. A child ought not to be weaned until it has cut its first twelve or thirteen teeth, and then only when it is in perfect health.

VIII. A child should be washed and dressed every morning, before being nursed or fed. In bathing a child temper the water to the weather, carefully cleanse the body, and especially the genital organs, which require great cleanliness and care; and the head should be carefully freed from all scabs and crusts which may form. Where the bellyband is used, it should be kept up at least one month.

IX. An infant's clothing should always be so arranged as to leave the limbs freedom of motion, and not to compress any part of the body.

X. An infant's clothing should be studiously adapted to the weather; avoiding at all times exposure to the injurious effects of sudden changes in the temperature without proper covering; but nurseries and sleeping apartments should invariably be well ventilated.

XI. An infant should not be taken into the open air before the fifteenth day after birth, and then only in mild, fair weather.

XII. It is objectionable to have an infant sleep in the same bed either with its mother or nurse.

XIII. No mother should be in too great a hurry to have a child walk; let it crawl and accustom itself to rising on its feet by climbing on articles of furniture, or assisted by the arms of a careful attendant. Great care should be taken in the too early use of baby-wagons, etc.

XIV. No trifling ailments in infants, such as colics, frequent vomiting, diarrhœa, coughs, etc., should be neglected—a physician's advice should be at once obtained.

XV. In case of suspected pregnancy, either in mother or nurse, the child should be weaned at once.

XVI. A child ought to be vaccinated after the fifth month, or earlier should small-pox be prevalent.

The Subject of Diabetic Coma has been attracting much attention of late, both in

Germany and England (Boston Medical and Surgical Journal). In the Journal (March 29, p. 294), an abstract was given of a paper just published by Prof. Frerichs, of Berlin, on sudden death and coma in diabetes, based upon a very large clinical experience, and supported by supplementary articles from his assistants, Drs. Ehrlich and Brieger, upon the physiological chemistry of the condition. An article by Dr. Frederick Taylor, in the last volume of Guy's Hospital Reports, gives the results of experience in that hospital with twenty-nine cases of coma out of a total of forty-three fatal cases of diabetes. Following the appearance of these papers a discussion, previously announced, of diabetes and the pathological changes observed in connection therewith, occupied the attention of the Pathological Society of London, and two papers on the subject by Drs. Mackenzie and Smith, originally read before the British Medical Association last summer, was published in the Association Journal, April 6, 1883. The net result of these papers and of the discussion is very negative as to the cause of coma in diabetes. The symptoms in a large class of cases indicate poisoning, but no evidence is offered of the poison. Frerichs shows pretty conclusively that acetone and aceto-acetic acid are merely results, and harmless ones, of the metamorphoses taking place in the system, and thinks that the extreme rapidity of these changes will render an identification of poison very improbable. Both Frerichs and Mackenzie are convinced that coma in diabetes is of much more frequent occurrence than is generally recognized. Having previously given Frerichs' conclusions, we quote the following synopsis of Mackenzie's paper, which is based on a total of thirty-seven cases of diabetes in the London Hospital between the years 1874 and 1882.

The Following has been deemed of sufficient interest to be cabled across the Atlantic from Paris: "The monkey, which is the next link above dogs in the Darwinian chain, was the other day the hero of a stirring episode at the College de France. Mr. Brown-Sequard, the eminent physiologist, in the presence of a highly-fashionable and attentive audience, was about to proceed with the vivisection of a young monkey. The monkey, by some misunderstanding, had not been previously anesthetized. At the approach of the scalpel the victim to science began to shriek with rage and terror. To restore order, Brown-Sequard was about to sever the animal's vocal chords with the dissecting-knife, whereupon a very elegantly-dressed young lady, who had evidently been watching the proceedings from the monkey-point of view, put in an energetic appeal on behalf of her client. Springing forward from her seat, she charged the professor with her umbrella, and inflicted several wounds upon his head and nose. The police had to be called in before the lady could be removed. When she was brought before the Magistrate she declared that she had merely applied lawfully the provisions of the Grammont Cruelty to Animals laws.

Dr. Guntz, of Dresden, has just been delivered of a work on the treatment of syphilis, in which he takes ground against the mercurials. In 1869 he advocated the use of bichromate of potassium as being a useful drug in treating syphilis. He could not prove any very great advantages for it, however, at the time. It acted slowly and was apt to disturb the stomach, but being convinced that there was something in the drug, he set to work to find some way of getting more into the system without producing functional disturbance. For a time he combined the bichromate with the nitrate of potassium, and gave pills containing about 1-15 gr. of each three times a day. With these pills he produced "remarkably favorable results." Yet the action was slow, and a prompt amelioration of symptoms was needed, as in malignant cases the remedy would hardly meet the expectations. From the favorable results obtained by giving the various minerals in solutions with carbonic acid water, our author was led to attempt administering chromium in the same way, and

with, as he now claims, very great success. He found that much larger doses could be taken in this form, and that a profounder impression on the system could thus be made. As a maximum dose he was able to give three and a half grains (.3 grammes) daily of bichromate of potassium in about 600 grammes of carbonic acid water, this being divided into five doses. Larger amounts provoked vomiting. This "chromwater," as he calls it, could also be given daily for weeks and months in all forms of syphilis without detriment to the health. Within one and a quarter years the author treated 194 cases of chancre. For a comparative study he selects only 85 of these, since in the others there were sources of error. In 14 of these 85 cases the sores were cauterized. The remainder were treated with nothing but the chromwater, and in 47 of them constitutional syphilis failed to appear. In order to avoid every possible chance of mistake, the author excludes 10 of this 47. Even then there were left 37 patients, or over one-half, who, when given chromwater alone, developed no after-symptoms. It is not stated, however, how long they were watched, except that 18 were under observation for 159 days. Still more favorable results took place with the 14 cases in which the initial lesion was cauterized. Of these only two developed symptoms of constitutional syphilis. We give these figures for what they are worth. The subject may prove worthy of further investigation.

At the Recent Meeting of the Medical and Chirurgical Faculty of Maryland, Dr. Chambers read a paper on subcutaneous nerve stretching as a treatment for sciataca. This operation was first introduced by Billroth early in 1882. (Md. Med. Jour.) It is done as follows: The patient being recumbent with leg extended, the thigh is strongly flexed upon the abdomen. Seven cases are related by the author, three of which occurred in his own practice, three in that of Dr. Jones, of Frostburg, Md., and one in that of Dr. Coskery. The following are the conclusions deduced: (a) that in rebellious cases of sciatica the results of the operation are highly satisfactory; (b) that probably all necessary force can be obtained by this means; (c) that its simplicity and safety entitle it to supersede the cutting operation; (d) that the nerve can be sufficiently stretched by this means to produce anæthesia; (e) that moderate elongation of a nerve impairs its sensory functions, though but little if at all its motor ones; (f) that considerable force may be applied to a nerve-trunk without injuring seriously its motor functions; (g) that it is not justifiable or necessaay to employ more force than is requisite to produce anæsthesia.

The Members of the Academy of Medicine of Paris have been discussing for six months the question whether typhoid fever should be treated by cold baths, by quinine, by salicylic acid, by carbolic acid, or should not be treated at all. As a result of this long battle of words it has been shown that there is no specific treatment for typhoid fever, but that this disease is to be treated in accordance with the indications.

Ovaritis is treated by Dr. P. J. Murphy (Medical Bulletin) by use of a suppository, containing one-quarter of a grain of iodoform, combined with a small quantity of alcoholic extract of belladonna. One of these suppositories is introduced into the rectum three times a day.

The London Hospitals are, financially speaking, established on a very insecure basis. They are, at the present time, making strenuous efforts to secure funds. One institution has been compelled to appeal to the public for $750,000. An appalling amount to be in arrears.

In our Report of the Michigan State Medical Society's meeting in our issue of May 26, p. 381, second column, the printer has substituted the word "diarrhœa" where "otorrhœa" was plainly meant. We are sorry this error crept in unnoticed.

Prof. S. D. Gross contributed an interesting and valuable paper to the meeting of the American Surgical Association on the value of early operations in morbid growths. He gave as the reasons for their early removal: 1. The less risk of shock and hemorrhage. 2. The more effectual riddance of the diseased structures. 3. The diminished probability of septicæmia, or blood poisoning. 4. The avoidance of unsightly scars. And 5, The less risk of a recurrence of the morbid action, either at the seat of the operation or in other parts of the body. He called attention to the now generally admitted fact that all morbid growths are of local origin, and that, while the constitution from impairment of the general health may predispose to such formations, it is contrary to the opinions of pathologists of the present day that a neoplasm can be developed in the organs of a perfectly sound person without local cause. He stated that all morbid growths, tumors or neoplasms are the product of perverted nutrition, that the few native cells are replaced by colonies of young cells, of which the new product is composed. Inflammatory action, the result of external injury, or some mechanical obstruction, is the influence under which morbid growths are developed. As illustrations of growths produced by obstruction, he cites the sebaceous tumor due to closure of its natural outlet, and scirrhus of the mammary gland frequently caused by obstruction of a lacteal duct. In malignant growths the constitution has usually become involved before the surgeon sees the case, and he attributes this fact to three circumstances: the want of correct diagnosis, the dishonesty or knavery of the professional attendant, and the folly or stupidity of the patient. He says that it is in vain to conceal from ourselves the fact that there are comparatively few reliable, really, or trustworthy diagnosticians, and this is owing to the little attention paid to pathological anatomy in the schools. Then, from his ignorance or lack of truthfulness, the attendant allows the case to go from bad to worse, until the only relief which can be afforded is temporary. In carcinoma of the breast the enlightened surgeon does not wait until the axillary glands have become involved, but urges the importance of early interference, assuring the patient that the operation will probably result in a permanent cure, or at least a comparatively long exemption from suffering. The reason of bad results in these cases is that cancer cells have invaded the neighboring parts beyond the reach of the knife and served as a foci for new growths. What has been said of carcinoma applies alike to sarcoma and even benign growths. The advantage of early removal of the latter class he illustrates by a cystic tumor of the ovary, which can be more easily removed and with less risk to life when operated upon early, as also chondromas, fibromas, and osteomas. He concludes his paper with the remark that what has been said in regard to early interference in morbid growths applies with equal force to many other surgical affections as well as to diseases in general.

Dr. Julius Mickle describes the following case of transposition of viscera (British Medical Journal): In January, 1882, I made the necropsy of W. P., a sign-writer, who died, at the age of forty, of general paralysis of about three years' duration. On admission, his height was 69 inches, his weight 144 lbs. During life, the transposition of the areas of percussion-dullness of the liver and spleen had been noticed; and of the necropsy only so much will be here related as refers to the transposition of viscera. The heart was more erect, and more under cover of the sternum, than usual. Its chambers had, as it were, changed sides; the thicker and stronger ventricle, connected with the aorta, concerned in the systemic circulation, and forming the cardiac apex, being on the right side, while the ventricle operative in the pulmonic circulation, and through the pulmonary artery, was on the left side. The auricle receiving the systemic veins was on the left side, its appendix was directed forward and to the right. A thin septum, situated posteriorly, separated this auricle from the other,

except where a patent foramen ovale, one-third of an inch in diameter, kept open communication between the two. The ventricle on the left side, with a tricuspid flap well to the left, opened into the pulmonary artery upwards, forwards, and to the right; and, springing from this point, the pulmonary artery curved round to the right under the aortic arch. The auricle receiving the pulmonary veins was to the right and posteriorly; its appendix, directed to the right and somewhat forwards, nestled under the pulmonary artery. The mitral valve had anterior and posterior flaps. At the right ventricular summit, and in front, was the aortic opening. Of the aortic valve, one segment was on each side, and one posteriorly, but not exactly so. Behind the right segment the larger coronary artery made exit; behind the left, the lesser. The aortic arch was directed towards the right, thence it curved down towards the vertebral column, on the anterior and right aspect of which it descended through the thorax. Similarly, the gullet coursed down the left anterior aspect of the dorsal column; but, below, it crossed to the right to gain the œsophageal opening in the diaphragm. The lung in the left chest had a very imperfectly divided-off third, or middle, lobe. The lung in the right chest, however, had a small imperfect middle lobe. The spleen was in the right hypochondrium. The position of the liver was reversed, its larger lobe lying in the left hypochondrium and epigastrium, and its smaller lobe extending rightwards to the spleen. Of the stomach, the cardiac opening and the cardiac end were to the right of the middle line, and the pylorus to the left of the same. The duodenum was also to the left, and the convexity of its horseshoe curve was directed to the left. The end of the ileum, the cæcum, and the appendix vermiformis, were in the left inguinal region. Thence arose the ascending colon on the left; then came the transverse arch of the colon; the descending colon, on the right side; the sigmoid flexure, in the right iliac fossa; and the rectum, entering the true pelvis slightly to the right side. The kidney of the left side weighed 5 ozs.; of the right, 4 1-2 ozs. The local destructive inflammation of the left lung may have been due, or partly due, to inhalation of particles of food; and its localization in the left, rather than the right lung, a result of transposition.

Three Prescriptions for habitual constipation are given by Dr. J. Mortimer Granville in the British Medical Journal: 1. When there is a lax and torpid condition of the muscular coat of the alimentary canal, so that the presence of ingesta fails to excite contraction, the following is recommended: Sodæ valerianatis, gr. xxxvj; tinct. nucis vomicæ, m.lx; tinct. capsici, m.xlviij; syrupi aurantii, ℥iss; aquæ ad. ℥vj. Misce. Tablespoonful without water three times a day, half an hour before food. 2. Where there is a deficiency of glandular secretions generally throughout the intestine, as shown by the dryness of the dejecta when the bowels do act, the following is used: Amminis, ʒiij; tinct. quassiæ, ℥i; infusi quassiæ, ℥vij. Misce. Two tablespoonfuls three times a day after food. 3. In that form of the trouble depending upon interruption of the natural habit of periodic discharge, the following draught should be used immediately on rising from bed, and as nearly as possible at the same hour every morning: Ammon carbonatis, ʒi; tinct. valerianatis, ℥i; aquæ camphoræ, ℥v. Misce. One-sixth part as a dose in the manner described.

The Abuses of the Dispensary System have been recently discussed by the Philadelphia County Medical Society. It was stated that Philadelphia had thirty-two free dispensaries which treated 16,019 cases a year, or about one-fifth of the entire population.

"Charley!" "Yes, Sir!" "Have you closed the store?" "Yes, sir." "Have you watered the molasses?" "Yes, sir." Have you sanded the sugar;" "Yes, sir." "And done the other things?" "All right, sir." Well, then, you may come in to prayers."

CONTRIBUTIONS.

NOTES ON A CASE OF EXTIRPATION OF THE UTERUS AND OVARIES, AND A LARGE SECTION OF THE VAGINAL WALLS—RECOVERY.

Read before the Illinois State Medical Society, at Peoria, May 16, 1883.

BY J. T. STEWART, M.D., OF PEORIA.

Mrs. C——, aged thirty-five, of German birth, from Peru, Illinois, the mother of five children, was admitted to St. Francis Hospital May 23, 1882. She was suffering from extreme procidentia—the uterus and bladder protruding half way to her knees. Her constitution was good, but she was in an irritable condition and very despondent. I put her on general treatment to allay this irritation and build her up until June 12th. At this time I operated on her for narrowing the vagina, The operation was a partial success. It retained the uterus in situ four months. It then burst through. In the early part of February last she returned to the hospital, the procidentia even worse than before. The neck of the womb was enormously enlarged, measuring about three inches in diameter, and the entire surface in a state of ulceration. As I said before, she was the mother of five children, aged respectively fifteen, twelve, ten and six years. She had a miscarriage four years ago, at four months. After the birth of the second child the womb prolapsed, protruded outside the body. She was in this condition most of the time until after the birth of the last child, when it came down and remained in the state of procidentia continually. Therefore, according to her account, she had this procidentia for twelve years, and for the last six years continually. It probably resulted from a laceration of the perineum during her second confinement. After the trouble first began she bore three children. It is hardly credible that she should become pregnant while the womb was protruding continually, but that is her statement, and that she miscarried at four months. Seeing she could be benefited by no operation except the removal of the whole organ, I so informed her, and laid before her the full extent of the danger of the operation. She said she would rather die than live in the condition she was then in, and insisted on my doing it. I therefore prepared for it and on the 13th of February performed it.

The operator was ably assisted by Drs. J. P. Johnson, J. Murphy, J. Studer, members of the hospital staff, and a number of the most prominent physicians of the city were present. The patient being etherized, the first step consisted in drawing the mass well downwards and forward, and making a transverse incision on the posterior part through the mucous membrane a little below the junction of the cervix and the body of the womb. Then a longitudinal incision to near the rectum. The uterus was then seized by the fundus and drawn downwards and forward through the opening. The uterus with its appendages were thus fully exposed. On one side a ligature was placed just outside the ovary. The ligament was divided inside the ligature, and the broad ligament divided to the uterus between the ovary and the round ligament, leaving the ovary still attached to the uterus. A ligature was next placed around the round ligament, near the uterus, and another embracing the rest of the broad ligament the same distance from the uterus, perhaps half an inch. These parts were then divided. The other side was treated in the same way. The next step was to separate the bladder from the uterus. Here was the great difficulty of the operation and it was very great. The whole posterior part of the bladder had become firmly adherent; not only so, but it had lapped round and adhered to at least two-thirds of the circumference of the womb. A sound was introduced as a guide and the dissection began. By the exercise of extreme care and long perseverance this was accomplished without wounding the bladder. The uterus was then severed from its attachments to the vagina. The posterior wall of the vagina, being thickened and prolapsed, was removed by the scissors. It was then found that at the upper part, where the uterus was separated from its vaginal attachment the peritoneum was loosened for quite a distance. This was secured by three stitches. The bladder was then replaced, a wad of absorbent cotton placed on the vulva and some cotton wadding placed over the abdomen, which were kept in place by a T bandage.

This completed the operation, which occupied an hour and ten minutes. By this time the patient was in an extremely exhausted condition. She was put to bed, warm blankets applied, plenty of fresh air admitted, and as soon as she could swallow, stimulants given freely. She revived in an hour or two and began to suffer pain, when an opiate was administered. The posterior wall of the vagina was removed for two reasons. One was because it was greatly thickened and prolapsed; the other was to give a fresh surface for the bladder to rest upon.

The posterior surface of the bladder, in removing it from the womb, was denuded. In lying on her back these two raw surfaces fell together and adhered, thus making a firm floor to support the intestines; and, of course, the whole posterior surface of the bladder being adherent to the posterior surface of the vagina prevented it from prolapsing. There was no need to close the external parts. By

leaving them open it gave better drainage, and there could be no possible object in closing them.

The external parts are now natural. From the outside it is about an inch to the adhesion in the center. On each side it is about an inch and a half. The adhesion is perfect and complete, closing the whole passage. No catheter was left in the bladder, and it was not necessary. The urine was very easily drawn off. I instructed one of the sisters how to do it, and she drew it off four times in twenty-four hours for about two weeks, after which time the patient passed it herself without difficulty. I may say here, that the secretion of the urine was copious all the time.

I now give from notes which were taken at the time an outline of the progress and treatment of the case. The operation was done on the afternoon of February 13th, 1883. February 14th—fully recovered from the shock of the operation. No fever and not much pain. Continued cotton to abdomen. Applied absorbent cotton to vulva with two thicknesses of lint moistened with carbolized water over it. The dressing secured by a T bandage. One fourth grain of opium every four hours.

15th. Patient resting well and feeling comfortable. Respiration normal. Pulse 110, the temperature 102½°, skin moist. Continue opium half grain every four hours, dressing same.

16th. Pulse 118, temperature 102°, great thirst, continue opium and dressing same as yesterday.

17th. Pulse 80, very weak, temperature 98.5°. Pain and tympanitis. Vomited occasionally through the night. One grain opium pill every four hours. Drop doses of Fowler's solution every three hours. Gave pounded ice to quench thirst, which was intense.

18th. Pulse 100, weak, temperature 98°. Vomiting ceased. Diarrhœa, continued opium and ice. Gave Liebig's extract beef and brandy.

19th. Pulse 80, temperature 98.5°, thirst intense. Severe pain in abdomen by spells, tympanitis continues. Ordered one grain opium every two hours. Arnica flower poultices to abdomen. Beef extract continued. Champagne given in place of the brandy. Ice continued ad libitum.

20th. Pulse 80, temperature 98.5°. Great tympanitis and pain. Opium, beef extract and champagne continued—also the following mixture:

℞ Fennel seed, ℥ii; manna, ℥ss; magnesia carb., ℥ii; tinct. assafoetida, ℥ss; barley water, ℥x. Mix. S. Tablespoonful every three hours.

Injection into the bowels of mixture assafoetida and spirits turpentine.

21st. Pulse 90, temperature normal, little pain, tympanitis increased. Gave an injection of castor oil and turpentine in soap suds—it passed off without effect.

22d. Had a restless night, temperature normal, pulse 100. Tympanitis slightly reduced. Pain increased. Gave one-fourth grain morphia, hypodermically. Continued opium pills. Applied turpentine to abdomen, to be followed by mercurial ointment. A dessertspoonful of the following mixture every three hours:

℞ Spts. turpentine, ℥ss; oil sweet almonds, ℥iiss; ol. anisi, gtt. iv; aq. anisi, ℥ii; pulv. acacia, q. s. to make an emulsion.

Beef tea and champagne given freely.

23d. Pulse 90, temperature normal, tympanitis still great, some pain.

Repeat hypodermic injection of morphia, continue emulsion. Apply turpentine again, followed by mercurial ointment.

24th. Decidedly better. Temperature normal, pulse 90. Tympanitis less, pain less. Suppuration healthy. I will say here that tepid carbolized injections were used daily to cleanse the wound until it healed. Continue treatment as before.

25th. Much the same as yesterday. The intense thirst which had been persistent from the beginning now abating. For this the ice has been allowed freely, which is still very grateful.

26th. Still improving, stop mercurial ointment and apply cotton over abdomen. Emulsion once in four hours, opium at night.

27. Progressing favorably, bowels regular, as they have been most of the time. Stop emulsion, quinine ten grains during day and opium at night.

Suffice it to say that from this time on, with the exception of three or four days in the latter part of the third week, during which she had a rather severe diarrhœa with an almost total cessation of the action of the liver, she improved steadily and very satisfactorily. At the end of five weeks she could sit up a little. In seven weeks she could easily walk across the room alone, and in two months after the operation she was perfectly well. A few days later she was allowed to go home.

That is about a month ago. She says in a letter she wrote a few days since that she is as well as she ever was in her life.

The drainage tube was not used much, for the reason that it was not necessary.

ON DISLOCATION OF THE SHOULDER.

BY W. J. CHENOWITH, M. D., DECATUR, ILL.

[Read at the Annual Meeting of the Surgeons of the Wabash, St. Louis and Pacific Railway, Fort Wayne, June 4, 1883.]

To railroad surgeons dislocation of the shoulder is of especial interest. 1. Because of its frequency. In general practice it occurs as often as all other dislocations together. In railroad practice the proportion is greater. This is because when a train in motion is suddenly stopped, the upper part of the body is apt to be hurled with great force against

the side of car or other immovable body, and a person falling from a train instinctively throws his hands forward to protect himself; and when exposed in a wreck, he is caught by the hands and dragged with considerable force. The joint has but little power of resistance to any of the causes mentioned. 2. Because an unrecognized, imaginary or maltreated dislocation may subject the company to great expense and us to censure. That the dislocation is liable to escape recognition will appear from the fact that in a total of seven cases occurring on the Wabash, St. Louis and Pacific Railway treated by us, two had been mistaken for fractures—the first, that of a brakeman, who had fallen from a car while the car was in motion and received an injury of his right shoulder. A physician had splinted and bandaged the arm for supposed fracture of the surgical neck of the humerus. When brought to Decatur, the next day after the accident, his shoulder was so painful that he begged me not to change the dressings. And, as I did not suspect the character of the injury, no attempt was made to remove them until they were so loose as to demand it. So soon as the shoulder was exposed a dislocation was apparent, and was easily reduced. The other was of a brakeman, whose shoulder was dislocated in a wreck a few miles from Decatur. He was attended by two or more physicians in the neighborhood, who supposed that he had fracture of the acromion. Nine days after the occurrence of the accident my son, Dr. C. Chenowith, was directed by the attorney of the road to visit the man and give an opinion of the injury and of its probable permanence. Discovering a dislocation—instead of fracture—he immediately reduced it, to the great relief of the man, and, as estimated by the attorney, to the saving of more than a thousand of dollars to the company.

An instance of an imaginary dislocation occurred in connection with our railway practice which may be profitably recalled. A girl about fifteen years old, in company with a brother younger than herself, attempted to cross the railroad in a two-horse wagon at a street crossing in Decatur, in front of a moving train, when the horses suddenly turned to one side and threw the wagon against a coach. The girl received an injury of the shoulder, which was thought by a physician, who saw her half an hour after the accident, to be a dislocation of the humerus. Council having been called by the family, the attorney of the road, who was on the train at the time of the occurrence, requested me to be present at the consultation. One of the physicians pointed to the swollen joint, apparent depression below the acromion, the prominent head of the humerus occupying a position interior to the glenoid cavity, as indicating dislocation. The head of the bone certainly was singularly prominent and apparently internal to its normal position, but there was freedom of motion, after the arm had been gently handled, and the other shoulder presented the same unusual characteristics. All of us were convinced that there was neither dislocation nor fracture.

Dislocation of the humerus is so frequently associated with injury to the muscles, nerves, bones, blood-vessels or ligaments, that we expect shrinking of the muscles, stiffness of the joint, pain and imperfect use to result, but neglect on our part will not justify their presence.

In dislocations of the humerus we usually find: 1. A depression under the acromion. 2. The elbow carried outwards. 3. That the hand of the affected side cannot be placed on the opposite shoulder at the same time that the elbow touches the body. 4. If the head of the bone can be felt it will move with the shaft. 5. The arm is lengthened in subglenoid and subcoracoid; shortened in subclavicular and subspinous dislocations. 6. Pressure on the axillary plexus will cause numbness of the arm, and, if the elbow is forced toward the body, pain.

Professor Roeser (1857) suggested that difficulty in reduction depends on ability to ascertain the direction and position of the head of the bone in relation to the rent in the capsule, and not in muscular contraction. Muscular contraction changes the position given to the bone by the force applied, and it is, therefore, necessary to restore it to the first position before any attempt is made at reduction. Many persons in this country hold similar views, while Hamilton and others think that "muscles constitute the sole or the main obstacle to the return of the bone to its socket," and refer to "the extensive laceration which the capsule generally suffers, and to the constrained and almost uniform position of the arm" as proof. Muscular contraction is apparent, but when a dislocation has been produced in the dead subject and the muscles attached to the joint have been severed, it has been found that the difficulty of reduction was in proportion to the size of the rent in the capsule, and to the relation of the head of the bone to the position it had at the time of the dislocation. To cause the humerus to assume the position it had at the time the accident occurred, in the living, we will be greatly assisted by moving the arm only in that direction in which it can be done without giving pain. In every dislocation some one or more muscles are put on the stretch immediately, and others become tense in a short time, by contracting, so that we are liable to tax an already extended muscle by traction in any direction. But as the deltoid and supra-spinatus are more certainly put on the stretch than any others, we may usually elevate the arm without giving pain, the act of lifting the arm relaxing the muscles. But every muscle concerned in holding the arm in its first position

will be relieved of its more or less painful contraction by efforts made to carry the bone to the desired position, the pain caused by traction being a protest against further extension in that direction. The muscular contraction which fastens the bone in its unnatural position is an unerring guide to its release.

The patient should be placed on his back on the floor, the surgeon taking a position outside of the dislocated humerus, grasping the arm with his hand and placing the other on the head of the bone, if it can be felt; the arm should be gently lifted from the body, at the same time traction should be made in the direction of the long axis of the humerus. It often happens that the bone will slip into its socket before it has been raised to a right angle with the body; but at times it may be carried almost perpendicular, or the axis of the bone be parallel with the body, without reduction. After it has been elevated as high as possible without causing pain, an attempt should be made to bring the arm forward and downwards in the direction of the opposite groin. If the head of the bone has caught on the edge of the glenoid cavity, the scapula will usually recede and the reduction occur immediately, the mobility of the scapula favoring the process. If the bone does not slip into its socket, it should be held steadily in its position and traction be continued. If not yet successful, the arm should be carried backward, or both backwards and downwards. No force is required from first taking hold of the arm until reduction is accomplished. We should watch for every indication of pain, so that we may desist from attempts in the direction causing it; always endeavoring to make traction, to elevate, rotate or otherwise move the arm in that direction where there is least opposition from muscular contraction.

Five minutes is a long time to consume in effecting a reduction; but if an hour or longer time is demanded, it should be cheerfully given, rather than by impatience or carelessness to cause pain, which is evidence of the application of force in an uncalled for direction.

ON SPONGE GRAFTING.

BY F. L. MATTHEWS, M. D., SPRINGFIELD, ILL.

[Read at the Annual Meeting of the Surgeons of the Wabash, St. Louis and Pacific Railway, Fort Wayne, June 4th, 1883.]

I feel assured that, upon the present occasion, it will not be amiss to rehearse some of the many ideas that crowded upon me after reading the communication from our acknowledged head, our worthy presiding officer, announcing a called meeting of his corps, coupled with an invitation to prepare for the same a paper upon some topic pertaining to railroad surgery. In casting about for a subject that might prove of general interest, I finally selected that of sponge grafting, including some new applications of the method to our common theme—railway surgery.

It is interesting to note the mutual dependence of the sciences—how developments in one suggest new fields for research in others. Till microscopical investigation revealed the existence of enemies to all open wounds everywhere pervading the atmosphere, we heard nothing of antiseptic surgery. This thought, traced through the history of the past, reveals the fact that every effort at surgical advancement that either transgresses or fails to harmonize with natural laws proves abortive.

How shall we account for the absence of pus in the healing of wounds by first intention? Is it not because the material furnished by nature's process for cementing opposing parts are all conserved, and hence no debris? This is an instance of nature's power of recuperation, under favorable circumstances. The province of the surgeon is to intelligently interpose in behalf of crippled nature, to supply all deficiencies, as far as may be, and remove all hindrances to her perfect work.

To secure a full reward, the gardener is driven to the necessity of constructing trellises to support and protect from destructive influences the tender plant under cultivation.

This is one of the important offices fulfilled by the sponge, forming a trellis or scaffold for the support and protection of numberless vascular loops (which investigation proves to be nature's first restorative effort), these loops making a vivified network—every interstice to be filled, every loop surrounded with living plasma, endowed with all the necessary elements for tissue organization.

Wherever the skin is lost, the circulation, unrestrained by its binding force, and impelled by the heart's *vis-a-tergo*, tends to establish this process, but, unaided, the surface is soon coated with pus, which means destruction of the elements necessary to success. To what extent nature can, or will, battle against such difficulties, depends much upon the vigor and constitution of the subject. In excavated wounds, with great loss of tissue, completely surrounded with healthy edges, the filling up process, though lingering, will be accomplished, but with markedly different results than if aided as above mentioned.

In such favorable cases the filling up would be expedited, and the character of the new formation would more closely simulate the nature of original tissue—in other words, partake less of the character of cicatricial tissue. Be it remembered, that the subject of sponge grafting includes not only the application of the antiseptic sponge—the wound being properly prepared—but such dressings as

exclude every noxious influence inimical to the reparative work, insuring the perpetuity of nature's entire armament, until that formative material has reached the point of organization which secures its safety.

This process promises success in recent wounds of fingers, where the bone, having escaped severe injury, is laid bare. Two instances have lately come under my notice, left to the usual careless mode of dressing, in which the bird's claw appearance, the extreme tenderness and consequent uselessness, make them a source of lasting regret that at the outset they had not been sacrificed. I am sure that, in these cases, had all the material which nature supplied been conserved, those denuded bones might have been so recushioned as to have presented a sightly appearance and proved useful members.

While in railroad surgery the majority of accidents to hands and fingers are so destructive and crushing as to necessitate the removal of injured parts, the kind of casualties above cited are not infrequent, and in many instances, where the anticipated danger of septic poisoning not only warrants but would seem to necessitate removal, such dangers might be avoided through the antiseptic precautions observed as part of this plan, and many members restored and made useful that, under the ordinary plans, must have been sacrificed. The sponge, whether applied to a comparatively recent wound or to an ulcerated surface, disappears by absorption, and the facility with which it is so removed has led to its adoption. Time has demonstrated, not only the feasibility, but the success of skin grafting, but the object of skin grafting, strictly speaking, is to expedite cicatrization upon extensive granulating surfaces ready for that process. Sponge grafting favors the work of proliferation; in other words, encourages granulation, and is adapted to excavated ulcers, or to the rapid reproduction of soft parts, where, unaided, nature would fail. The success is due—First, to the mechanical support given to the vascular loops permeating its substance until nature provides the material for perfecting tissue organization; and, secondly, to the protection, both of the antiseptic sponge and the antiseptic dressing employed, by which degeneration, and consequent loss of nature's material, is prevented, thus economizing resources and obtaining good results where naught but economy could prevent a failure.

For this purpose, the finest surgical sponge is selected and thoroughly cleansed—first, by beating out the loose sand, and then washing in pure cold water; then soaking in officinal dilute nitro-hydrochloric acid for two days, which clears it of all siliceous and calcareous salts. The acid is then neutralized, by soaking in a weak solution of liquor potass, and, after washing thoroughly in several relays of pure cold water, is then put into a jar containing a five per cent solution of carbolic acid, and tightly corked. It may be thus kept, and is ready for use after one week. The condition of the ulcer will determine somewhat the manner of application. Where proliferation, or increase of tissue, is demanded, the amount of sponge necessary will be greater than where cicatrization is the sole object. In the first case, an evenly distributed support is demanded; in the latter, where granulation is perfected, comparatively little is required. Those who have enjoyed a more extended experience in both skin and sponge grafting, report that when cicatrization is the object a very scattering application is all that is required, each producing a centre, from which soon springs a perceptible band, that meets a similar one from its neighbor, dividing the surface into areas, dependent in shape upon their mutual relation. All observers assert that their use is immediately followed by an increased activity in the limiting edge.

In all cases the surface must be very carefully prepared, the cleansing work so skillfully done as to avoid even wounding the delicate capillaries, since blood in the sponge will act as foreign matter and abort the whole process. A two-and-a-half per cent. solution of carbolic acid should be used in this cleansing work—the hands of the operator, the instruments used, and everything likely to come in contact with the parts, should be made clean by the same means. The pieces snipped off with scissors from the prepared sponge, to be used in any given case, should be allowed to fall into a two-and-a-half per cent. solution of carbolic acid, and then transferred, with forceps, to their proper position. The pieces to be applied to a granulating surface should be small, varying from one-eighth to one-third inch in length. Such sizes I have found best adapted to fill the interspaces evenly.

In cases of comparatively recent date, excavated wounds, or loss of soft parts of finger ends, etc., where the reproduction of material is the object, large pieces may be applied, thicker somewhat than the lost tissue.

When the bits of sponge have been arranged and covered with a piece of protective, the full Lister antiseptic dressing is then applied and left untouched for several days. On the fourth or fifth day the dressings may be removed for examination, and any grafts that may have failed be replaced and strict antiseptic measures continued. At the first dressing the grafts generally will be found adherent, and the naked eye will discern a faint, white zone, surrounding each, which a one-half or one-fourth inch glass will resolve into bands of lymph, containing minute blood-vessels, per-

meating the meshes of the sponge. The removal of a piece at this stage will be followed by an appreciable hemorrhage. At a later date, if examined microscopically, with a one-fifth or one-eighth inch objective, the interstices of the sponge will be found literally filled by a network of capillaries, acting as a guide for the necessary material surrounding them on every hand for tissue organization. Still later examination reveals commencing disintegration of the sponge, which, at about the beginning of the fifth week, has entirely disappeared.

SOCIETY PROCEEDINGS.

CHICAGO MEDICAL SOCIETY.

Regular Meeting, June 4th.

[Reported for the REVIEW by Dr. J. E. Henderson.]

The Chicago Medical Society met in Parlor 44, Grand Pacific Hotel, Dr. D. W. Graham in the chair.

Prior to the formal business of the meeting, DR. ROBERT TILLEY exhibited bacteria, in matter taken from a decayed tooth. After being carefully scraped from the cavity of the tooth, it was placed under the microscope, and the bacteria were seen in immense numbers. Dr. Tilley said: "I desire to call the attention of the Society to the specimen under the microscope. I have no large amount of information to give you on the subject. The patient was referred to me for impairment of hearing. I recommended him to have his teeth attended to, paying particular attention to them with reference to the influence upon the hearing. There was no very definite action to which I could refer the decay of the teeth and impairment of hearing. There was no suppurative discharge from the ear. I looked most assiduously for a causal relation between the two. I will refer to one interesting case that came under my observation sometime ago, in which the difficulty was associated with the teeth and hearing of one side. The case was that of a young law student, who came to me for some difficulty with reference to his sight—a simple inability to accommodate his sight. I examined his eye somewhat carefully, and found that the retina was considerably altered in one particular simply, but beyond that I could not find any lesion whatever. I questioned the patient in every possible way as to any previous history of sickness, whether he had had rheumatism or neuralgia, and he gave me a negative answer to every question I put to him. Before he left the office I asked him to come to see me in a few days. Upon his return I questioned him again, asking if he had ever had any syphilitic trouble, any rheumatic affection or neuralgic affection. The only thing that he had in the way of neuralgia was an attack of toothache sometime before Christmas. Upon asking him if he had any trouble with the eye before toothache, he answered, "No." In the absence of any cause to which I could refer the trouble, I advised him to have the filling taken out of his teeth, to see if the swelling and tenderness of the eye would not disappear. I gave him a note to a dentist, explaining the matter. It was necessary that the work of removing the filling be delayed for sometime, so he returned to me. The filling was removed, and pain disappeared immediately.

Case 2.—This man here (pointing to man) came to me with a certain impairment of hearing. He had several decayed teeth. Some time ago I had occasion to examine one of the teeth under the microscope, disclosing the presence of numerous anamalculi. Inasmuch as it was interesting to a number of my friends to whom I have shown the specimen, I thought it would be of interest to the society. There is an interest in the subject, and it devolves upon us to study bacteria, wherever they can be presented to us, whether in the healthy organism or a constitution that is diseased. We should examine them whenever an opportunity presents itself." Dr. Tilley was disposed to attribute difficulty to specific origion; stated that an eruption on the patient's hand had yielded to "certain ointment given him." He was of the opinion that suddenness in deafness always gives suspicion of specific origin, unless some other cause was assigned.

After the minutes of the last meeting of the Society were read, the Board of Censors reported favorably on the following applicants for membership: N. S. Davis, Jr., Young M. Pillsbury, J. F. McPherson, Nathan E. Rice, Wm. J. Coles. These gentlemen were all unanimously elected to membership.

The chair announced that the subject, "Bacteria," presented by Dr. Tilley, was open for discussion.

DR. ALLPORT.—I don't see that it is necessary to discuss the question as to the presence of bacteria in the specimen Dr. Tilley showed us; that evidence is very positive; but the practical lesson to be derived from it is really worthy of consideration, whether anything can be derived from it or not. I saw the specimen taken from the tooth. It is simply food that had remained in the cavity of the decayed tooth. That, I believe, can be found in almost every substance of that kind, no matter whether in the teeth or somewhere else. I think, so far as that is done, we can derive worthy instruction from it. That these bacteria do exist in decayed teeth, there is probably no longer any question. The question as to what effect is pro-

duced by these anamalculi, is rather a different thing. You know—perhaps you do know and perhaps you do not know—that there have been several theories as to the decay of the teeth. The old theory is, that all decay comes from the action of acid upon the teeth, which, on account of the affinity of the lime for the acid, abstracts the lime, and leaves the vegetable material behind. The old theory was maintained up to a few years ago. There are at least four or five theories advanced to explain diseased teeth—chemical, vital chemical, parasitical and electrical theories, and one or two others. While all these theories are, undoubtedly, true in part, and some men attribute decay to either one or the other of them, I think the better informed men are of the opinion that all these elements enter, more or less, into the decay of teeth. I think the lesson that Dr. Tilley wishes to demonstrate is, that bacteria are really the cause of decayed teeth. I don't think that such is the case—the better informed dentists don't believe it. What he says about the effects upon the eyes is very apparent, and admitted by all well-informed dentists; but I am not in favor of attributing these effects to decay of the teeth, as so many do. This difficulty can be attributed to reflex influence in causing very serious trouble in the eye or any other part of the body. I had a very peculiar case about three years ago, which was very malignant. A lady came to me with a decayed tooth. I prepared to fill it—the first upper bicuspid on the left side; found the pulp very nearly exposed. I remarked to her that the tooth would very likely give her trouble, but that I would run the risk and fill it. She had been in the habit of coming to me once in six months. Five or six months afterward she began to have trouble with her left eye. She was then in New York, under care of one of the most eminent occulists, who said he could assign no cause for the trouble. He prescribed general tonics for her system. Getting no better, she returned home, and after awhile called upon a homeopathic occulist, who also said he could find no trouble with the eye. She afterwards returned to New York again, and told her physician that there must be some trouble with her eye, as she couldn't read or write, having to employ an amanuensis to write her letters. Her physician carefully examined the case again, with the same result—said he could find no trouble with her eye. Finally she returned to Chicago, came to see me, and told me about the trouble she had been having. I suspected the tooth as the cause of the trouble. She informed me that she had found it a little sensitive; pressure upon it was attended with slight pain. I said to her, I think I will remove the filling, and see whether the tooth is not dead. I opened into it, but instead of finding the pulp dead, I found that the irritation had produced calcification of the pulp; found the lower part in chronic inflammation; removed it; treated her for a few days, when she returned to the office. At that time Dr. Isham happened to be in my office. Making mention of the case to him, he examined it with me. He asked her whether she had told her doctor about this trouble. "No, I did not," was her reply, "I think he should have inquired into it himself." I continued treatment, and in about a couple of months the trouble left her. She has had no trouble since. Such cases do occasionally occur, but I am not one of those who are of the opinion that a great many diseases depend upon trouble with the teeth. I have known several cases, but I have never come across half so many cases as Dr. Sexton, of New York. I don't know that I can add anything to what I have already said. Of course, a very important lesson can be drawn from this case, that the doctor mentioned in regard to diseases of the ear.

Dr. Tilley.—I was perfectly conscious that it was food in some form that I took from that tooth. My only object was to draw your attention to the prevalence, more or less, of all these bacteria. So many good men have given so much time, so much work to the study of these bacteria. I think the least we can do is to put ourselves in a condition to appreciate what they have done. [A few other remarks were made, but they were of little or no value]

Dr. Alonzo Bryan, of Columbus, Ohio, then read a paper on "Stammering." He prefaced his article with the following remarks: "I have been an inveterate stammerer for years. The most inveterate stammerers, making the effort to speak, stammer between some certain words. It seems to me that the medical profession has been unusually apathetic throughout the entire world in regard to the matter of stammering, when we consider the cases occurring among intellectual people frequently, and among those born in indigent circumstances, and the enormous disadvantage to which it subjects them. Now, as estimated by comparative statistical report, in the United States there are 200,000 stammerers. In all this number there are a great many bad stammerers. This paper contains only about sixteen pages, and was prepared at the request of some eminent persons of our profession, to have me express my views."

Dr. Etheridge remarked that, prior to hearing Dr. Bryan's paper read, he never could understand the matter of stammering, but that, having heard the doctor's illustration, he could understand the matter perfectly. He thought that stammering might suddenly supervene, by an extraordinary impression made upon the lower language certen.

He related a cure of inveterate stammering in early life, which was entirely overcome in adult life.

DR. TILLEY.—I can't understand the doctor's position in the case of children—in recommending that nothing be said to them—that they be allowed to take their own way. I don't know the philosophy of that. I don't know the philosophy of letting a person go on till he is twenty before making any systematic effort in overcoming the difficulty of speech. I can't appreciate the doctor's suggestions about the matter. To let them go on, without any systematic effort in correcting them, I consider a mistake. I would like to refer to one direction given stammerers, and which has seemed to be very efficacious—the necessity, for particular persons, of taking in a long breath.

DR. BRYAN offered a word of explanation, and DR. ALLPORT closed the discussion with a few remarks.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, June 9, 1883.

The President, Dr. Barret, in the chair.

DR. MEISENBACH stated that the general practitioner often had calls to remove small pieces of stone, steel, emery, or similar substances, from the cornea. To facilitate the operation he had a little instrument made, which he presented. It consists of a rod fastened to an oblong flat piece with a slot in the center, which passes between the clips of an ordinary head-band. A ferule passes over the upright rod, and attached to it at right angles is another rod, both being slotted so as to allow of friction motion. The lens is attached to the last rod by means of a hinge, thus securing motion in all directions. By this means, the head-band being placed around the patient's head, the eye may be either illuminated or magnified, leaving both hands of the operator free.

DR. POLLAK thought the device ingenious, but an oculist would use a dark room, illuminate with a mirror and use a lens. The lens is too fixed in this; it would be useful for bodies on the surface of the cornea.

DR. MEISENBACH stated that it was only intended for the general practitioner, and to facilitate the removal of foreign bodies not deeply embedded in the cornea.

DR. HENDRIX was called to treat a lady with pneumonia, two months ago. He found that she was in the sixth month of pregnancy. He gave her three grains of quinine every three hours, and when she had taken fifteen grains labor set in, the child dying in ten hours. He desired to know if the labor was caused by the action of the quinine.

DR. BARRET thought that quinine had oxytocic properties, just as cinnamon, cotton root, ergot, etc., have. He reported a case to the society two years ago, in which a woman, who was given quinine for intermittent, miscarried. At that time several gentlemen related a similar experience.

DR. WATKINS thought that it would be a difficult matter to tell whether the abortion was due to quinine or malaria. He saw, upon several occasions, uterine contractions follow the exhibition of quinine, but the patients were suffering intensely from malaria at the time.

DR. HURT stated that some patients will resist almost all oxytocics, and others will abort without medical assistance. Two years ago he reported the case of a lady who was probably at the end of the seventh month, and had pains preceded by a chill. He gave her morphia, and she went on nearly two months; but every week or ten days she was seized with these symptoms of labor following an effort at chilliness. It was of malarial origin. When within about two weeks of her time, when Dr. H. thought it absolutely necessary to give her quinine, he gave it to her in efficient doses, and in about thirty-six hours she was in labor. It may be, however, that the child was born at full term.

DR. BARRET stated that in the case reported by him, when quinine was given labor pains would come on, and when discontinued they left. He agreed with Dr. Hurt in saying that some women were more disposed to abort than others.

DR. NEWLAND, some four or five years ago, was called upon to deliver a lady who said that her labors were always accompanied by post-partum hemorrhage. She was weak and vomiting; he gave chloral and morphia to stop the vomiting and five grain doses of quinine. Labor set in naturally and no hemorrhage occurred. Dr.N. ascribed the prompt contraction of the uterus after labor to the quinine he had given.

DR. ROWLAND had had cause, for a number of years, to believe quinine an oxytocic. He had known several instances in which labor pains came on under the influence of quinine and subsided after its withdrawal. He found that when such was the case, using an opiate seemed to counteract the effects of the quinine. It was his habit to give six to ten grains of quinine when the pains, in labor, were sluggish and weak.

DR. HENDRIX stated that he had used the quinine in combination with two grains of Dover's powder.

DR. JOHNSTON thought that it would be a difficult matter to say that quinine produced miscarriage, as the causes are so numerous and varied. The only agent that was at all worth anything to

produce uterine contractions was ergot. He should contend that small doses of quinine would more surely produce abortion than large ones, as in the latter case the tendency would be to allay the action of the heart and act as a sedative, instead of a stimulant.

DR. LOVE thought some patients possess a peculiar idiosyncrasy for certain medicines; and it may be that patients who abort belong to that class. His experience was not in favor of quinine as an oxytocic. He agreed with Dr. Watkins in asking whether it was not rather due to malaria than quinine. He also thought the combination of quinine with opium or morphia a good one, and further, that the former ought to be given in large doses at long intervals. If the patient were nervous it was better to give the valerianate of quinia.

DR. WATKINS said that the inconsistency of regarding quinine as an oxytocic is that large doses are said to produce abortion, whereas we have been taught that they are sedative, and hence could not produce contractions unless it have a special action upon the uterus.

DR. KINGSLEY remarked that, in a certain proportion of cases, quinine acts as an oxytocic. But there are vast numbers who buy quinine and use it without any bad effects. Abortion only occurs in a limited proportion of cases, and is rather produced by the fever than the medicine. In regard to combining with opium, in many cases the extract of hyoscyamus will be found better, as it quiets without inducing constipation or headache. Dr. K. is in the habit of using the alcoholic extract, whose dose is one-half of that which is the inspissated juice.

DR. HOLLAND did not think malaria would produce abortion. In the Illinois bottom and in Arkansas, where it has its home, there is as large a proportion of children born at full term as in any other district. He has given large doses of quinine during labor, and thought it gave good results. We know that women with pneumonia will abort, as also when they have small-pox, measles, etc., and use no quinine.

DR. WATKINS stated that in regard to the few abortions in malarious districts the assertion was true, but the patients were acclimated. Where newcomers come in they will abort, either from the malaria or the quinine. Considering the immense amount of quinine taken and the few abortions, and the same in respect to malaria, the showing is very small. Malaria may not produce abortion, but its effects are very apt to do it.

DR. BARRET said that the causes of abortion are so numerous that it would be difficult to state what the cause was in a particular case. The remedies which are said to be oxytocic do not act at all times and are not always reliable.

ANNUAL MEETING OF THE SURGEONS OF THE WABASH, ST. LOUIS AND PACIFIC RAILWAY.

Held at Fort Wayne, Indiana, June 4th, 1883.

(Reported for the REVIEW.)

The above association convened June 4th, Dr. J. T. Woods, of Toledo, the chief surgeon, being ex officio President.

About thirty out of double that number of regularly appointed surgeons of the road were present.

The minutes of the previous meeting were read and approved.

DR. F. COLE, of El Paso, Illinois, read a paper on "Railroad Accidents to Hands and Feet," in which he advocated conservative surgery to the extreme. In the discussion which followed, it was brought out that the so-called conservative surgery had frequently been followed by fatal attacks of tetanus.

DR. C. B. HIGGINS, of Peru, read an article on "Shock in Railway Injuries."

This was followed by a paper by Dr. R. W. McMAHAN, of Quincy, Ill., on "Some Distinctive Features of Railway Injuries and their Treatment," and this by one by Dr. C. V. ROCKWELL, of Taylorsville, Ill., on the "Relief of Shock and the Induction of Rapid Anæsthesia in Railway Injuries."

These three papers opened up a general discussion of the subject of shock and its treatment; which was participated in by most of those present.

DR. CHENOWITH, of Decatur, related the case of a patient who had a most violent and ugly disposition, but who, after sustaining a concussion of the spine, seemed to have a changed disposition, and became perfectly docile.

At the afternoon session Dr. Higgins, of Peru, was made vice-president, and Dr. C. B. Stemen, of Fort Wayne, secretary and treasurer. All the details of future business were left to the officers.

DR. J. S. GREGG, of Fort Wayne, then read a communication on "Some Special Qualifications Necessary in the Railway Surgeon," in which he dealt largely with the advantages to be gained by the possession of sufficient detective skill in order to discover any evidence of malingering.

DR. F. L. MATHEWS, of Springfield, then read a paper on "Sponge Grafting," in which he called attention to the possibility of covering exposed bone in fresh wounds by this means, as well as to its advantages in large excavated wounds. Full details of the procedure were given.

DR. WM. SCOTT, of Kokomo, read a paper on "Compound Fractures," giving rules and advice as to the best dressing for these cases, but advocated the sealing up of the same. General dissent from

this last feature was expressed by those who discussed the paper.

Dr. F. B. Campbell, of West Lebanon, Ind., next gave a short paper on "Hot Water Applications in Railway Injuries."

Dr. Roswell Park, of Chicago, made an oral communication on the subject of "Extempore Antiseptic Dressings," and the general subject of antiseptics. For railroad cases he recommended boroglyceride and naphthalin gauze.

At the evening session Dr. W. J. Chenowith, of Decatur, read a paper on "Dislocation of the Shoulder," giving account of various cases in which dislocation had been mistaken for fracture, and vice versa. He also discussed the sources of difficulty in reduction and the necessary manipulations.

Dr. W. T. Beadles, of Bushnell, Ill., read a paper on "Lacerated Wounds of the Extremities, requiring Amputation," in which he discussed the conditions which call for immediate operation.

Dr. F. W. Beard, of Vincennes, presented a short paper on "Traumatic Tetanus," giving reports of cases and a summary of his views concerning its treatment. He would simply support vitality and try to control the spasms by chloroform.

Dr. J. Pogue, of Edwardsville, Ill., reported on "Fracture of the Leg treated by Suspension."

Finally, Dr. Roswell Park, of Chicago, reported a rapidly fatal case of fat-embolism.

The Association then adjourned to the house of Dr. C. B. Stemen, editor of the Fort Wayne Medical Journal, where he and Dr. J. S. Gregg entertained the visitors most hospitably till a late hour.

A Necessary Change in the form of catheters is suggested by Dr. Huepeden (Berlin Klin. Wochenschrift). Experience teaches that in spite of the most careful cleansing, catarrh of the bladder is induced, especially in cases of hypertrophy of the prostate and in paralysis of the bladder. Generally catheters are cleaned by allowing solution of a disinfecting agent to run through them, especially those which do not bear disinfection by heating, such as the elastic and Nelaton's catheters. After a catherisation, which was somewhat bloody, the doctor convinced himself that the above proceeding was not sufficient, as he could, even after repeatedly allowing water to flow through the Nelaton catheter, by pressing the lower end, which forms a cul de sac, force out some remaining blood. To obviate this trouble the doctor suggests that the linen of the catheter should end with the opening at the extremity and the cul de sac be filled up with solid material, so as to have one continuous canal without such a recess for infectious material.

A Successful Ovariotomist.—Dr. O. O. Burgess, of San Francisco, Cal. (Western Lancet, April, 1883), has operated fifteen times for ovariotomy, and all of his cases have recovered. In seven cases the tumors were multilocular, and in eight cases unilocular.

BOOK REVIEWS.

First Annual Report of the Provincial Board of Health of Ontario for 1882.

From an examination of their report we should say that the province of Ontario had a most live and energetic board of health. The volume contains nearly two hundred pages, and is replete with matter as well of general as of local interest. A commission was sent by the board to Great Britain and Europe in order to obtain sanitary information, another to our Eastern cities, another to our Western cities, and a delegate to the International Sanitary Congress at Geneva. The report of this delegate, Dr. Covernton, is most interesting reading. He details much that was then and there set forth by such men as Pasteur, Koch, Lombard and Paul Bert. The latter alluded to the discovery made by Gillet, of Bordeaux, that blood out of the circulation on being shaken can absorb as much again oxygen. Bert then went to say that he had obtained some of the blood of the llama, and had noted the remarkable circumstance that it contained more oxygen than in experiments made in lower regions. He then asked, "How then can we conclude otherwise than that the work of acclimatization is anything else than the blood becoming accustomed to absorb with the same volume a larger quantity of oxygen?" This view was sustained by numerous experiments adduced. Beside careful investigations into the outbreaks of contagious diseases in various localities the report also contains valuable papers on such subjects; "Adulteration of Food," "Contamination of Drinking Water," "Contagion," "Public Schools and Public Health," "Heating and Ventilation of Buildings," "Causes and Prevention of Zymotic Diseases," etc.

The Weekly Medical Review.

Vol. VII. No. 23. CHICAGO AND ST. LOUIS, JUNE 23, 1883. Terms: $3.00 a Year.

Dr. Vance, of Cleveland, O., in the first paper read before the Surgical Section of the American Medical Association, alluded to the causes of oblique inguinal hernia, and adduced the evidence presented by a case then under his care at Charity Hospital, as showing the influence of the transversalis fascia in the etiology and cure of rupture. This patient, a few years since, had double inguinal hernia; trusses that kept the protrusions in place were worn until some eighteen months ago, when accident revealed the fact that the hernia on the left side no longer existed. Examination demonstrated a wide external opening and a patent inguinal canal — yet the internal opening had closed, and in this way the rupture on the left side was cured. Dr. Vance spoke of cases that he had operated upon by Dowell's plan — where the canal was closed by drawing its anterior and posterior walls together and uniting the pillars of the external opening—yet in which the hernia reprotruded seemingly from failure to effectually obliterate the internal opening. To accomplish the latter end he proposes a method that seems feasible; a semicircular needle is introduced subcutaneously, and a suture is carried across the internal ring in such manner that its inner and upper segment is forced outward and downward into contact with its outer and lower segment, thus converting the inner ring into an oblique slit. This suture is below the level of the aponeurosis of the external oblique, and its two strands pass through the same canal until the level of the transversalis fascia is reached. Its effect is not only to bring together the borders of the opening and convert the internal ring into a slit, but its pressure causes the peritoneal surfaces to unite, thus permanently approximating the formerly separated folds of the transversalis fascia between which the hernia protruded; while, by the removal of the influence of the extruded mass from the neck of the sac, the adventitious tissue that surrounds that part is enabled to contract and in time permanently obliterate the passageway from peritoneal cavity to inguinal canal. With slight variations, the other steps of his procedure are closely akin to those introduced by Dowell. By tightening the sutures Vance claims the internal ring is closed, the walls of the inguinal canal approximated, and the pillars of the external opening brought together in such manner that what was the avenue for the exit of the hernia is converted into a valve sufficiently strong to prevent reprotrusion for the time being, and that when the strands are removed such changes have been produced in these parts that the hernia is permanently cured. The method is on trial, and unless the value is impaired by some as yet unforseen complication, Vance is hopeful it will prove of permanent utility in the treatment especially of oblique inguinal hernia.

The Experimental Physiologists recently in attendance upon the American Medical Association at Cleveland, Ohio, were greatly interested in Professor L. B. Tuckerman's demonstration of a method by which the pancreatic duct—like Steno's duct—can be catheterised at will. The methods now in vogue for obtaining the pancreatic secretion are imperfect and their results misleading. Tuckerman makes a permanent duodenal fistula opening into the intestine just opposite the mouth of the pancreatic duct, a peculiar canula is inserted, and in the animal

he brought before the section, the orifice of the pancreatic duct occupied the center of the area of intestine visible at the inner extremity of the canula. By placing the animal on its left side and throwing light into the canula from a head mirror, a catheter could be passed into the pancreatic duct without disturbing or distressing the animal in the slightest. By keeping this catheter in place for a short time a transparent, strongly alkaline fluid was collected that possessed well marked amylolytic, proteolytic and emulsive properties. The advantages claimed for Tuckerman's method are: 1. The healthy condition of the animal from which the fluid is obtained. 2. The fact that the secretion thus obtained is free from admixture with other fluids. 3. The power of procuring pancreatic secretion at any time and under all circumstances. The lines along which Tuckermann holds his method will advance positive knowledge are: 1. The variations (if any) in pancreatic secretion during different periods of digestion. 2. The influence of diet upon the amyolytic, proteolytic or emulsive properties of pancreatic juice; and, 3, the relations of the spleen to the secretion of trypsin. Those physiologists who listened to Tuckerman's paper and watched his demonstrations spoke highly of the originality and utility of the method.

The Recent Meeting of the American Medical Association at Cleveland, while generally profitable to those in attendance, was not without its disagreeable features, and it is with the hope that they may be avoided in the future that we call attention to some of them now. It certainly is not expecting too much of the Committee of Arrangements that they should see to it that delegates are at least provided with suitable lodgings. This was not done at Cleveland, so we are informed, but many, left to shift for themselves, experienced great difficulty in finding accommodations, and then, in the matter of registration, delegates were kept waiting, closely packed, for hours for an opportunity to sign their names, when provision should have been made by which it could have been done in much less time. There was difficulty also in obtaining information as to the departure of trains and in securing tickets, and the situation was truthfully described by one agent who said, "I have had experience with a good many conventions but I have never yet seen one where there has been such poor management as at this." Now the fault lies entirely with the Committee of Arrangements. This committee, we are told, was not at all harmonious in its workings, but was divided by differences of opinion which, in one instance, led to a personal encounter between two of its members, and so, from lack of harmony among themselves, the association was made to suffer. It seems that the committee, either willingly or unwillingly, surrendered to the ipse dixit of one of their number, and that he, swelled out of all proportion with a false estimate of his own wisdom and importance, undertook the management of everything, and as might be expected, many things were left undone which would have added to the comfort and pleasure of the delegates. It may be thought that we are too severe in our strictures upon the committee; that it is no small labor to provide for the accommodation and entertainment of such a large number; but surely the committee was large enough, or if not, it should have been large enough, to have seen that everything that could be done was done. Above all there should be perfect accord between the members, and all should work, and not yield to one person the direction of affairs. We trust that such will be the case in the future.

The Number of Years a medical student has to spend at a medical institution prior to being admitted to examination for a medical degree in various countries is as follows (Vratch): Sweden, ten; Holland, Italy and Switzerland, six; Norway, eight; Denmark, six and seven; Belgium, six; Russia, Austria, and Hungary, five; France, England and Canada, four; United States, three or two; Spain, two.

A Bill has been Introduced into the Pennsylvania Legislature to prevent the cremation of human bodies after death. It is alleged that the bodies are generally imported from other states for cremation, and the practice is contrary to the instincts of humanity and to the Christian civilization of the age, and abhorent to the masses of the people of the state. The penalty prescribed is a fine of from 500 to 1,000 dollars, or solitary imprisonment at hard labor for a period of from one to three years.

This is another example of the "vast and varied information" possessed by the average Representative. It is a melancholy pleasure to note that the Key-stone state is on the same level as its Western sister states in the matter of legislative imbecility.

In this Connection we note that Cook County's (Chicago's) legislators are still endeavoring to eclipse their record in the matter of stupidity. A few years ago, after no small expenditure of time and pains, the Illinois legislature passed an anatomy act, expressly providing that in cities of more than one hundred thousand inhabitants the unclaimed bodies of those dying subjects of public charity should be or might be used for purposes of anatomical study. The provisions were simple and intelligible; the only uncertainty was in efficient carrying out of the same. For years Cook County's commisioners have elected a county undertaker, who was to be paid for burying the county's dead; this matter being open to "business competition," the lowest bidder was elected. Thus it finally happened that the fortunate candidate who was elected was to receive only one dollar and forty-two cents per body, this honorarium being intended to cover expense of a decent coffin, burial and everything. And thus it occurred that said county undertaker, well aware of the provisions of the law, managed to get hold of all the unclaimed bodies and then charge the colleges ten and fifteen dollars for what they ought to have secured for the nominal cost of transportation. This abuse has lead to its own exposure, and now the commissioners, with their customary sagacity, are actually talking of compelling the undertaker to bury all the paupers and let the colleges procure their material where they may. We hardly think this can be carried through the Board, and feel assured that it will not work, but it shows the difficulties with which science has to contend in prosecuting its work.

To these Brilliant specimens of legislation we might add the anti-vivisection bill in England. We read that recently Sir James Paget desired to pursue a train of investigation which compelled him to operate upon some animals without chloroform. In order to be on the safe side of the law, this world-renowned surgeon actually had to cross the channel and go to a laboratory on the continent where he could work undisturbed! Another case in point is that of a man who was arrested in London for maltreating some animals, but who was released when he showed that he was not experimenting for scientific purposes!! It certainly is a satisfaction, when those who make our laws make conspicuous fools of themselves, to be able to realize that we do not rank as monopolists of that kind of suffering.

At a Meeting of the Clinical Society of London, in February (Canadian Pract.), Mr. Shuter showed a case in which he had successfully performed the operation of sub-periosteal amputation at the hip-joint in the following manner (something similar to the plan suggested by Prof. Ollier, of Lyons, in 1859, and also to the method published more lately by Mr. Furneaux Jordan):—A circular amputation through the junction of the middle and upper thirds was done, followed by a longitudinal incision on the outer side of the femur, down to the bone, the periosteum stripped off and left in the flaps, and the whole of the bone enucleated. A little more than two months after the operation the patient (aged 18) had a movable stump, and within six months of the operation was wearing an artificial limb, on which he could get about very satisfactorily. This case was the first of the kind

attended with the formation of bone in the stump and capacity to wear an artificial limb. Mr. Bryant said the stump was certainly the best he had ever seen after amputation at the hip-joint; he thought, however, there was no reproduction of bone, the good result being due to firm attachment of the muscles of the periosteum. Mr. Croft said the case showed the possibility of complete subperiosteal excision of the hip, which had been denied by some. He asked how Mr. Shuter had succeeded in cleaning the periosteum from the great trochanter. Mr. Pick said this was the only instance in which he had known a patient after this operation able to wear an artificial limb. He evidently moved it by swinging the pelvis. Mr. Davey, referring to the use of his lever in controlling hæmorrhage in hip-joint amputations, said he had records of its use forty times (twenty on each side), and in the case of amputations the recoveries had been sixty-five per cent. In reply Mr. Shuter said that since his own operation he had assisted at one like it; the case died after three months, and the newly-formed bone was found in the stump. In his case he had not bared the great trochanter of periosteum.

A Fraud, calling himself R. L. Douglas and assuming to be authorized agent of the "Medical Herald Subscription Agency," St. Joseph, Mo., is traveling around the Western States and trying to take cash orders from physicians and druggists for any desired professional journal at ridiculous discounts. He pretends to be deaf and dumb. Drs. Geiger and Hoyt, of the St. Jo Herald, denounce him as a thief and an impostor, and warn the profession against him. When last heard from he was "doing" Northern Illinois. Look out for him, and either kick him out of your office or turn him over to the police.

Dr. W. J. Kelly has recently called attention to a new source of carbolic acid poisoning and consequent nervous irritation. (Columbus Medical Journal.) He alludes to the growing tendency on the part of wives, and those who ought to be, to seek ways and means to avoid conception, and the frequent use of carbolic injections after coitus. He then reports the cases of four patients suffering from extreme nervous prostration who were victims of this habit, and who rapidly recovered after discontinuing it. One of them was using as much as four ounces of acid a week. Doubtless if the truth were known many cases of this kind occur, which will be recognized the more frequently as appreciation is gained of the possibilities thus set forth.

Dr. B. F. Dawson stated that he wished to record that he had made use of plaster of Paris, molded within the vagina, with the most decided success, in two cases of displacement of the uterus (N. Y. Med. Jour.). The first case was that of a woman suffering from anteversion and a very aggravated prolapse of the left ovary. She was placed in the knee-chest posture, and pledgets of absorbent cotton, each with a string attached, soaked in a mixture of plaster of Paris and water of about the consistence of gum, and partially squeezed out, were placed in the posterior fornix of the vagina and around the vaginal portion of the cervix, and held in position. The vagina was then cleaned out, in a few moments the cast had hardened, and the patient went away with instructions to withdraw the instrument should it cause pain. When she came back at the end of three days she said she had experienced great relief. On removing the plaster pessary, the mucous membrane with which it had come in contact, instead of being irritated, as one might have expected, was found to have been benefited by its presence; it was firmer and less irritable than before, and the prolapsed ovary had evidently been sustained. The second case was one of retroflexion, in which the pessary acted not only as a harmless agent, but seemed to give all the uterine support desired. The instruments were removed, placed in fire to burn out the cotton, and dipped into wax or paraffin for the purpose of making them impervious to the secretions and to render them

more durable. This method of supporting the uterus commended itself for the facility with which it could be applied, for cheapness and accuracy of adaptation.

Dr. Arthur H. Robinson describes two cases of penetrating gun-shot wounds of the abdomen where a revolver wound was received in almost the same anatomical locality, but with different results (British Medical Journal). J. T., aged 36.....was admitted into hospital on September 11th, 1879. Whilst examining a loaded revolver one of the barrels exploded, and the contents were lodged in his abdomen. He was brought some distance in a cab, and arrived at the hospital half an hour after the occurrence of the accident. He walked to his ward, and was at once placed in bed. A clearly-cut linear wound, with slightly inverted edges, was found two inches below the umbilicus, and two inches to the left of the middle line. The patient complained of considerable pain all over the abdomen; his skin was cold and moist, breathing short, pulse small and very rapid.....A probe was cautiously passed into the opening, and it was at once deflected to the right in the direction of the umbilicus, but immediately before reaching that point it was again suddenly deflected in the direction of the abdominal cavity, which it unmistakably entered. The most careful examination of the parietes failed to discover the further course of the bullet, and it was considered to have embedded itself in the liver. Thirty minims of tincture of opium were at once administered with brandy and water, given in small quantity, and occasionally repeated. Vomiting of a bilious character came on shortly afterwards; and, as the patient suffered severely from the abdominal pain, referrred more particularly to the region of the liver, it was decided to place him thoroughly under the influence of morphia, administered hypodermically. This was accordingly done.....By September 17th, his condition began to show signs of improvement, and on the 20th his bowels acted for the first time. On the 23rd he was able to take fish for his dinner, and on the 29th sat up out of bed. The wound, which had required next to no attention, was healed completely. A close examination of the parietes, more especially the lumbar region, was again made, but without any positive result. He was discharged on the twenty-third day after the injury. He consulted Dr. Frederick Page very shortly afterwards, for an attack of vomiting, which was considered to be due to peritoneal irritation. This subsided, and in a few weeks the man returned to his daily duties on board ship, and he has pursued them ever since, three and a half years, without the least further intimation of the locality of the bullet's whereabouts. Another case, in many respects similar to the first, came under Dr. Robinson's notice in 1880. This patient was a chimney-sweeper, about twenty-eight years of age, and he also had been wounded in the abdomen by the accidental discharge of a revolver. On this man's admission into the hospital, he was suffering severely from collapse.....An opening was found in identically the same position as in the former case, that is, two inches below the umbilicus, and two to the left of the mid-line; but its edges were more contused and inverted. There was no hæmorrhage externally, and the wound was treated as in the previous case; indeed, the same general treatment was followed throughout. The parietes were carefully examined, but the opening was not probed, the intense collapse rendering it almost certain that the ball had penetrated the abdominal cavity with the worst results, The pain was kept under by repeated hypodermic injections of morphia, but vomiting, generally bilious in character, remained persistently.....On the seventh day after the injury he died.....Dr. Robinson examined the body some hours afterwards, and, before opening it, attempted to pass a long probe into the track of the bullet. The wound was completely healed, and, almost immediately after breaking through the cicatrix, some obstacle was encountered. On opening the body, the obstacle proved to be the small intestine in one clotted mass, the coils being firmly held to-

gether by thick tough lymph. No trace of the bullet's track could be found in this, and the most careful examination of the entire small and large intestine failed to discover any sign of injury done to those organs in the form of a perforation. Nor was there any trace of extravasation of their contents. The search was continued further, but, beyond what appeared to be a graze on the right side of the body of the first lumbar vertebra, no trace of the bullet could be found in the abdominal organs or the lumbar muscles, though, doubtless, it was embedded somewhere in the latter.

The Preparation of Prof. Olmstead, of Yale College, for the preservation of scientific apparatus (Popular Science News), admits of a wide application, and should be generally known. It is made by melting slowly together six or eight parts of lard to one of resin, and stirring until it is cool. Rubbed on a bright metallic surface, it protects the polish effectually. It can be wiped off nearly clean, if it is desired, as in case of knife blades, or it can be thinned with coal oil or benzine. The surface should be both bright and dry, as it will not prevent the continuance of oxidation already begun.

We Learn that the Illinois State Board of Health is revising its "Directory of the Institutions Granting Medical Diplomas or Licenses in the United States and Canada." Copies of the last issue are being sent to the medical colleges asking for corrections and additions, at the same time reminding the colleges that the schedule of "Minimum Requirements" as to the good standing of schools in that state is now in force.

Krishaber reports a case of malignant disease of the œsophagus with stricture. (Deutsch. Med. Woch.) In order to keep the passage open, an œsophageal tube was introduced and allowed to remain. The outer end was carried through the nose and attached to the forehead. After a time tolerance was obtained and the instrument was kept in until death occurred.

Mr. Charles Penruddock writes in the British Medical Journal: On April 15th, 1883, I was called by the midwife to attend Mrs. B., who was in labor with her fourth child. Labor commenced at 2 p. m. on the previous day, the pains had been very severe until 10 p. m., but after that time became few and far between, and of little force. When I saw Mrs. B., the pains appeared to be moderately strong but of short duration. There had been nothing abnormal in her previous confinements. On making an examination it was with great difficulty that I could reach the os, which I found nearly fully dilated; its margins were rather flaccid, and during a "pain" the presenting portion of the child exerted no pressure on them whatever. From what I could feel of the presentation, I at first thought I had a face to deal with, there being something which very closely resembled the well defined margins of the orbits; beyond this I thought I felt the nose, and still, a little further on, my fingers slipped into what I at once took to be the mouth, only it was somewhat jagged inside as though it were lined with fully developed teeth; I then came across a hand. I passed my hand into the vagina to make a more thorough examination, satisfied myself it was not the face, and at the same time could feel the unmistakable smooth outline of a child's hip, but owing to the above irregularities I was unable to tell clearly what the arrangement of parts could be, and decided to call in my friend and colleague, Mr. William Cox. We came to the conclusion that it was no face, but the lumbar region that presented, and therefore decided to turn. This was accomplished in the usual way, and the feet brought down, only slight difficulty being experienced until the head was being delivered; but with my left forefinger in the child's mouth and my right hand on its occiput, this was soon overcome. The placenta soon followed, and the mother made a good and rapid recovery. The child, a female, appeared to have been dead about twelve hours, was fully developed. The head was somewhat hydrocephalic. On further examining the body we found the cause of our not

being able to clearly diagnose the presentation to be a large spina bifida situated in the middle of the lumbar region, and very much resembling to the touch the part for which I had at first taken it. This case struck me as being very interesting in showing how a diseased condition of a fœtus may confound the diagnosis of the accoucheur.

Herr Kircher, a pupil of Liebeg, has been, during forty-four years, director of an ultramarine factory, in which a special process of manufacture is employed involving the formation of sulphurous acid by the burning of sulphur. (Lancet.) He maintains (according to Gesundheit) that none of his work people have ever suffered from consumption, typhus, cholera, or any disorder, which is produced by bacteria. He recommends the following treatment in the case of tuberculous patients. They should be brought into a room in which small quantities of sulphur (one or two drachms) are burnt every hour over a spirit lamp in a stove. At first coughing of a more or less aggravated character takes place, and after eight or twelve days the bacteria gradually disappear and cease to irritate the lung tissue. To complete the cure the patient should be brought into rooms which contain some aromatic vapors.

Dr. D. Drummond (British Medical Jour., October 11, 1882) finds ascultation of the trachea by means of a stethoscope, with the chest-piece inserted into the mouth of the patient, useful in the diagnosis of tracheal compression, particularly when produced by aortic aneurism, in which case a systolic whiff is heard with each expiration. Auscultatory percussion practiced on this plan gives valuable indications in pulmonary disease. Thus in incipient phthisis a peculiar note is obtained, closely resembling "cracked-pot" resonance; in pleurisy, a very short, high-pitched note is produced, very different from the lower-pitched, more prolonged, and much louder tone heard if pneumonic consolidation exists.

M. Guillott, in Le Prog. Med., has for six years met with good results in acute odontalgia, from the injection into the gingival sub-mucous tissue of chloroform, after the method proposed by Dop, of Toulouse. He fills a Pravaz syringe half-full of chloroform, inserts the needle deeply into the tissue until it scrapes the bone over the root of the aching tooth. He also makes use of a chloroform mouth wash (5 or 6 drops to a glass of water) to ease the soreness after extraction, the patient keeping the water in his mouth in the manner of a bath. As a gingival collutory the aromatic aqueous solution of chloroform (8 grammes to 1,000 of distilled water, one dessert-spoonful to a glass of water) is a good solution of the kind.

A Case of Enterotomy complicating an ovariotomy is related in the Medical News by Dr. R. S. Sutton. The patient, fifty years of age, passed through her last labor seventeen years previously, since which time she had suffered from, as she thought, womb disease. She had never derived any benefit from treatment, and was obliged to live on the simplest diet, giving up altogether cooked meats on account of the pain in abdomen after eating them. Defecation was always painful, and at times almost unbearable. She was pale and feeble; the abdomen was flat, but resonant everywhere except along a line one inch above and parallel with Poupart's ligament. The dullness here was only slight, but on deep pressure decided pain was felt. Examination showed the uterus to be normal, with the exception of the remains of an old laceration of the cervix on the left side; but above and to the left of the uterus, and in front of the rectum, a mass about the size of a turkey's egg was discovered. It was movable upward, and tender on pressure. It was thought to be the left ovary, and probably the fimbriated extremity of the Fallopian tube, chronically enlarged and congested, adherent and in a state of hyperæsthesia. The patient insisted that the abdomen should be opened to remove the mass, and it was accordingly done, when the

tumor was found to consist of: 1. The ovary slightly enlarged. 2. The fimbriated extremity of the tube. 3. Broad ligament. 4. A loop of small intestine curve-shaped in the mass and adherent to the broad ligament up to the fundus of the uterus. The wall of the bowel was thickened. Detaching the gut from the mass and broad ligament, it was laid on the surface of the belly at the margin of the wound, but broke off from its own weight and the slight traction necessary to prevent its falling back into the abdominal cavity, one end remaining in the hand of the assistant. The last end was recovered and dissected entirely free from the broad ligament, and after removing the ovary and adhering tissue the ends of the gut were united after the manner of Czerny. The abdominal cavity was cleaned out and a long glass drainage tube inserted. No spray was used and the silk and the instruments were simply well scalded. The length of intestine removed was four inches. The patient made a good recovery, the temperature never rising above 101° F., and no drug except opium being used.

In the British Medical Journal, May 5, 1884, Dr. Frank Ogston reports the case of a man who took fifteen grains of salicylate of soda for rheumatism (Medical and Surgical Reporter.) One hour and a half afterwards he fell asleep, and shortly afterwards became comatose, with contracted pupils; respiration 12, pulse 45, and temperature 98.5. He continued in this condition for sixteen hours, when he died. The remaining powders, upon examination, were found to contain nothing but salicylate of soda. Upon post-mortem, no organic lesions of sufficient gravity to account for death could be found, so that Dr. Ogston concluded that death was due to the salicylate. This opinion was doubted by many who heard the report of the case, but no one was able to absolutely disprove it. Such poisonous properties are not usually attributed to this drug, and it would be interesting to know more about the influence of idiosyncrasy in this regard.

A Correspondent of the New England Medical Monthly relates a case of instantaneous death from cerebral hemorrhage. While a fatal result in such cases is not infrequent, it is extremely rare that it follows immediately. In this case the patient "had been feeling better than usual" only a few moments before her death, and suddenly sank to the floor, "and never spoke, breathed or moved afterwards." The autopsy revealed a large, soft clot extending from in front of the pons backward nearly to the medulla. Blood was also forced down the spinal canal as well as upward and outward, occupying every available space, the whole brain being perfectly deluged with blood. The patient was a delicate, nervous woman, with a pulse of less than the ordinary volume and force, and was under no physical or mental strain at the time.

Prof. Leyden, in the Wien. Med. Woch., gives an account of micrococci of cerebro spinal fever, which he had the opportunity of seeing. He found a small organism in great abundance in the meningeal exudation. The fluid and membranes were stained with fuchsin. The micrococci were generally single; but sometimes two were joined together, and in a few cases long chains of these organisms were formed. They were distinctly oval, and larger than the coccus found in pneumonia by Klebs and Eberth. Prof. Leyden's case was uncomplicated by any other specific fever, which might give rise to the germs.

In a girl, æt. 12, suffering from regurgitation of the mitral valve, there were noticed on some joints, especially at the places of insertions of sinews, small, diffuse, painless spots of thickening (Medical and Surgical Reporter); they could be felt especially well on both knee-joints, over the attachment of the quadriceps on the upper edge of the patella, and in both wrists above the styloid process. After the patient had passed through an attack of acute articular rheumatism, these spots of thickening had changed to moderately resisting and somewhat sensitive nod-

ules of the size of a split pea. Besides the places above mentioned, these peculiar appearances were observed also on both external malleoli, on the right elbow above the olecranon, near the spina ileum sep-post on either side, and on the right shoulder-joint below the attachment of the clavicula. The post-mortem examination revealed them as fibrous nodules with cartilaginous parts; some even showed a bony texture, and some chalky deposits, they evidently being different stages of the same process. The case was observed in Henoch's clinic (Berl. klin Wochensch., 1883, N. 11), and in a second case also treated there, these nodules were absorbed and totally disappeared. The second case was also that of a twelve-year-old girl.

The Diagnosis of Rotheln, according to Dr. Edmond Shackleton (British Medical Journal), is of importance, as it is a trivial disease compared with those which it resembles. He says: I have just had a case of it in a married woman over thirty, and I particularly noted the points by which it might be diagnosed on the first day of the eruption. My patient had complained of a sore throat and soreness of some glands at the side of the neck for three days previous to the eruption. On April 9th, she found herself, on awakening, covered, on her body, upper extremities, face, and neck, with a red rash, the legs remaining unaffected till the third day. The case differed from one of scarlatina both in the appearance of the rash and in the general symptoms. The eruption consisted of spots like those of measles, and was particularly vivid on the face, so as to be conspicuous from a distance, which is not the case in scarlet fever. In spite of having some frontal headache and lumber pain, she expressed herself as feeling quite well and bright; whereas, in scarlet fever, at this stage, there is languor and prostration, and often nausea and vomiting. She had some shiverings, and loss of appetite and thirst. Temperature, 102.2°; pulse 100. In the evening, the temperature had fallen slightly, and next morning was 99.5°, and on the fourth day had reached the normal. From measles, it was distinguished by the absence of coryza, lachrymation, etc., and cough. The spots are like those of measles, but are regularly distributed instead of appearing in patches. The skin felt tense, but there was no itchiness or sensation of burning. The chief diagnostic features of the disease appear to be that it presents the throat of scarlet fever with the eruption of measles, but without the coryza of the latter, and without the depression, rapid pulse, and high temperature of the former. The patient was sure that she had scarlet fever and measles in her youth. No desquamation has followed.

A Successful Case of gastrotomy for intestinal obstruction is reported in the British Medical Journal by Mr. Alfred Smith. The patient was seized with acute pain in the abdomen, which finally located itself about the median line, just above the umbilicus. Vomiting began in about two hours, and occurred four or five times during the night. The following day morphia was given subcutaneously, which relieved the sickness, and purgatives were then administered, but were returned in an hour. Later in the day castor oil was tried, but was not retained. The next day the pain was much less, and the tongue, temperature and pulse were normal. Injections were given per rectum, but failed to bring away any fæcal matter. On the fourth day the abdomen became tympanitic, and about three pints of fæcal matter were vomited. It was then determined to operate, and Mr. Savory performed gastrotomy at 9 P. M. On opening the abdomen the intestines were rapidly traced downward until a portion of the ileum was found tightly held by a constriction. On breaking through this band a portion of the intestine came out, which was intensely congested and almost gangrenous. The bowel below the constriction was flaccid and empty. Finding that on gentle pressure flatus passed through the narrowed part, the intestines were returned, and the cavity cleansed of a little blood-stained fluid and the wound closed with silk and silver sutures.

With the exception of pain and annoyance caused by the passage of large quantities of flatus, the recovery was good. The patient throughout the course of the case was kept profoundly under the influence of morphia.

Dr. Henry Gray Croly publishes the following letter from Mr. Lister on this subject in the Medical Press, April 25, 1883 (Medical and Surgical Reporter): "I have not given up the use of the spray, although I certainly regard it as the least important part of our antiseptic arrangements. Whatever other good it may do, it is a very mild form of antiseptic irrigation, and tends to keep the entourage of the wound, including the surgeon's hands and instruments, pure. But if I had not a spray-producer at hand, I should not on that account omit other elements of antiseptic treatment. I still use the spray in changing dressings, so long as the wound is not merely superficial. But far more important than using the spray is it to make a point of covering the wound with some pure aseptic material before beginning to wash the parts which were covered with the edge of the dressing only, and were, therefore,impure. In other words, I believe one of the commonest causes of failure is dabbing alternately the impure surrounding parts and the pure wound with the same piece of rag, which, though moistened with carbolic lotion, cannot work miracles."

The Following Case is reported by Mr. D. Hoadley Gabb in the British Medical Journal: "Mr. S., aged 50, with mitral disease and albuminuria, sat out one of our recent sunny days, and caught a chill, which culminated in an attack of bronchitis and a relaxed state of the fauces and uvula, producing severe spasmodic cough; during one of these paroxyms, epistaxis, from the right nostril especially, came on rather profusely, and I was sent for. There was no difficulty in arresting it by plugging the anterior nares with dry lint. In two or three hours, after a severe cough, the hemorrhage returned, and a messenger was sent for me, saying the bleeding had come back, and was running out of his nose and eyes; and so I found that the blood had welled up through the right lachrymal duct, and was suffusing his eye, so that he was constantly obliged to wipe it, and the handkerchief was pretty well stained with blood, and the discharge only ceased when the nose left off. I have never met with the phenomenon before, neither have others to whom I have mentioned it; and so, I think, perhaps it is worth recording.

The Louisville Medical News, of the 26th ult., tells of an oculist who reported a case as follows: John F., of Colorado, aged 66 Irish and German descent, blue-eyed, was led into my office June 20, 1883. Diagnosis—Pannus, symblepharon, leucoma, ankyloblepharon, lagophthalmus, and entropion, besides an obstruction of the lachrymal ducts. He was cured by syndectomy. There is a manifest chronological error in this report, but it is not sufficient to detract from the wonderful nature of the case, or from the skill of the operator.

Foreign Chemists of note agree that the liability of carbolic acid to turn pink arises from the presence of copper (Popular Science News). That which had been prepared by distilling entirely from glass vessels remained white for months in the sunlight; but when to fifty grams of this acid ten drops of a solution of copper sulphate (one to four hundred) were added, the pink color was formed after six days, and in two months became very intense.

M. Gubler has found the oxide of zinc most useful in the diarrhœa of phthisis (Med. and Surg. Reporter), and whenever ulceration of the uterus is suspected. He gives it in powders in the following form: Oxide of zinc, thirty grains; bicarbonate of soda, ten grains; in four powders, two or three daily.

Dr. F. S. Dennis has been appointed Professor of Surgery at Bellevue Medical College, to fill the vacancy caused by the death of the late Dr. Van Buren.

CONTRIBUTIONS.

CASES OF SCIATICA TREATED BY BUCK'S EXTENSION.

Service of Dr. John R. Buchan, Attending Physician, Cook County Hospital, Chicago.

[Reported by Dr. J. A. Fordyce, late House Physician.]

Case 1.—August W——, German, æt. 35 years, shoemaker; admitted Jan. 2, '83; habits and general health, good; gonorrhœa, two years ago; recovery rapid and complete. For a number of years past he has had pain of a rheumatic character in lumbar region. Five months ago began having pains on outer and posterior aspect of left thigh, sometimes of a dull and again of a lancinating character. Pains have increased in severity, and extended downward along the course of the sciatic nerve. No pain in other parts of body.

Admission.—General condition of patient, good; his heart and lungs normal; pulse and temperature normal. For the first week patient was treated by application of blisters along the course of painful nerve, and Fowler's solution internally. No improvement being manifest, on Jan. 9th Buck's extension, 8 pounds, was applied to extremity. On the following morning the pain was much relieved. Jan. 13th.—Removed extension, as patient states all pain is gone. Jan. 16.—This morning a slight return of pain for first time since extension was removed; reapplied extension. Jan. 17.—Is again free from pain. Jan. 18.—Removed extension; examination reveals no tenderness along the course of affected nerve. Patient can now walk better than at any time during the past five months. He was kept under observation for the following week, and no recurrence of pain taking place, he was discharged, recovered.

Case 2.—Wm. R——, U. S. laborer, æt. 52 years; admitted Dec. 27th, '82. For the past five weeks he has suffered with pain along the course of the left sciatic nerve, more severe at the posterior part of hip and knee. Unable to use member in walking. Has employed active medication during the past month, with only temporary relief. Jan. 5.—Applied Buck's extension. Jan. 6.—Decided relief. Jan. 10—Pain entirely gone; removed extension. Jan. 13.—Slight return of pain about knee; extension reapplied. Jan. 15.—Again free from pain. Jan. 17.—Removed extension a second time. Jan. 18.—Now has pain in hip; extension again. The extension was continuously applied during the following week, after which it was permanently removed. No recurrence of pain took place during the following ten days, during which he was under observation.

Case 3.—Patrick C——, æt. 40 years, Irish, laborer. Admitted Feb. 12th, '83. Patient gives a history of alcoholic excesses, hard work, and exposure to cold and dampness, by working in cellars of pork packing houses. Had intermittent fever several years ago, and again six months ago. Nine months ago had a severe attack of lumbago lasting three weeks, which has recurred several times since. During the past three weeks has experienced pain in the posterior aspect of the hip, and down the thigh.

Admission.—Pain in lumbar region and along the whole course of the sciatic nerve; points of tenderness between trochanter and tuberischii, at head of fibula, and behind inner malleolus; extremity feels heavy and numb at times; sleep is much disturbed by paroxysmal lancinating pains up and down leg and thigh. Before admission, patient was under medical treatment at one of the dispensaries, where he was given anodynes and usual remedies employed in neuralgic affections. Feb. 14—Buck's extension, 8 pounds, applied. Feb. 19.—On morning following application of extension, relief was marked, and improvement has steadily continued. Feb. 22.—Pain entirely gone; removed extension. Feb. 25.—Patient now walks about the ward without any trouble, and expresses himself as feeling as well as ever. He was discharged, after being under observation three days.

Case 4.—Geo. F——, æt. 20 years; German; admitted Feb. 24th, '83; sciatia of three weeks' standing coming on without known cause.

Admission.—Intense paroxysmal pain along the course of the right sciatic nerve; pulse, 108; temperature, 100.5°. Feb. 26.—Buck's extension applied. March 6.—Extension has been applied continuously since first application. Relief was not so immediate or marked as in former cases; at this date, however, he says he is free from pain. Extension removed. March 8.—Pain again present in a mild degree; reapplied extension. March 13.—Pain has been entirely absent during past three days. Removed extension permanently. Patient discharged March 27th, having been entirely free from pain since 10th inst.

Case 5.—Wm. D——, æt. 55, U. S., sailor; admitted March 20th, '83. During the past eight months the patient has suffered with obscure pains in lumbar region and both hips. For three months past pain has been experienced along the posterior surface of the right thigh, so severe, at times, as to prevent sleep and render locomotion difficult. No decided benefit has been derived from medical treatment. March 22.—Buck's extension applied. March 23.—Great relief experienced. March 28.—Slight pain continues in hip and thigh. April 2.—Now free from pain. April 7.—Discharged, recovered.

One other case of sciatica was treated by the

above method during my service as house physician, the notes of which I failed to preserve. The case was one of several months duration, and had been treated at Alexian Hospital, by blistering, scarification and hypodermics of morphia. Temporary, if any, benefit was derived from the treatment. After admission to Cook County Hospital, Buck's extension was continuously applied for two weeks, then removed for a day or two, and reapplied for several weeks. No benefit was derived.

ACUTE SCOLIOSIS.

*Muscular Atrophy Following Typhoid Fever—Rapid Amelioration.**

[A Chemical Lecture by M. DESPRES, at the Charitè Hospital.]

You have seen in the wards a patient who has been electrized since a fortnight. I wish to call your attention to her, for we have here a case showing how true the theory of scoliosis is, as presented by Duchenne (of Boulogne), that illustrious physiologist who threw so much light upon muscular physiology and pathology.

A young woman, aged 20, married a few months only, had an attack of typhoid fever Oct. 2d. The fever took on the abdominal form, was mild, was not accompanied by any grave cerebral symptoms, and only lasted about three weeks. The patient was in full convalescence, when her husband, she says, thought her waist was somewhat deviated. This gradually increased, and without the least suffering; at the time when the patient was presented to us, her characteristic aspect was striking.

The left hip projected considerably. I had the patient undressed immediately, as my diagnosis was formed. There was but one thing which could produce this projection of the hip—scoliosis. The right shoulder was prominent. The whole trunk was carried forward. The vertebral column had inflected itself progressively on the right sight, describing a curve, with the convexity to the left in the dorsal region.

The lumber region was normal yet. The affection was too recent for the compensating curve to have developed itself. It appeared evident to me that we had to deal with an amyatrophy of the lumber vertebræ of the left side, that is to say, on the side on which the abnormal convexity of the spine occurred. This atrophy, it could not be doubted, had closely followed the typhoid fever.

We know that in this infectious disease the muscles are altered; they present what has been termed a waxy degeneration, a degeneration which is but the first step toward complete degeneration. I have already published cases of abscess following the nutritive troubles known for more than thirty years; the consecutive deviations are certainly the consequence of these troubles, and are produced by locomotion, or simply by the lateral decubitus, prolonged more upon the one side than upon the other. To sum up, we have observed a deviation or acute scoliosis in a patient convalescent of a typhoid fever and having had no previous disease. The coincidence of the recent typhoid fever and of the scoliosis is so evident that it has the value of an experiment.

But the point upon which I wish to draw your attention almost exclusively is this: After a week's treatment, our patient is so much better that she is hardly recognizable. Everything warrants us in believing that a cure will be complete in a very short time. This proves to us that if we could treat in time, that is from the very beginning, cases of scoliosis, we would radically cure a great number.

The treatment which is to be applied in these cases may be summed up in a few words:

1. Faradization daily, or at least every other day.
2. Rational gymnastics.
3. Physiological prosthesis of the trunk by a special corset.

Of these three methods the first two only can prove curative.

In our patient:

1. The electricity was localized in the muscular masses corresponding to the convexity of the abnormal curve, that is to say, in the insufficient muscles. But, on the contrary, it was widely distributed, from the top to the bottom of the muscular masses, from the neck to the lumbar regions.

2. The indispensable gymnastic exercises were resolved into one motion, that of the trapeze; that is, the elevation of the body by the strength of the arms. This method by lateral movements is less useful, as the patient will instinctively lean to one side or the other, and thus cheat.

3. As to corsets, they are apparatus good at the most when other methods of treatment have failed The application of a corset is not even a method of treatment, as in reality it does not cure, but simply mars the deformity. True, the orthopedic corsets of Duchenne are constructed according to physiological laws, but despite this, their use is attended by little good; the vicious position remains in all cases.

I will not speak of forcible straightening, proposed these late years. It is an ancient treatment resuscitated, and which, to-day as formerly, can only straighten those patients whom a methodical treatment, by electricity and gymnastics, has not cured.

*Union Mēdicale, April 19th, 1883.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, June 16, 1883.

The Vice-president, Dr. Dudley, in the chair.

DR. GUHMAN related that on June 5th he was called to see a lady in her ninth labor. The midwife in attendance said that there was an obstruction in the pelvis. He waited a while and made slight traction with the forceps applied to the child in the inferior strait. A tumor was present between the child's head and the lock of the forceps. He removed the forceps, and at every pain endeavored to keep the tumor back, but failed. A great pain came on and the vaginal mucous membrane split, the tumor coming out at the vulva. It was translucent and attached by a pedicle. The next pain brought away both pedicle and child. (He exhibited the tumor to the Society.) Upon examining the tumor it was found filled with yellow grumous matter, and contained a tooth and a hard substance—a flat bone. A rent was found in the posterior wall of the vagina, the colon being exposed, but not injured. The woman did well.

DR. SCHENCK said that from the history given he judged the tumor to be a dermoid cyst. It is not unusual for such tumors to appear at the posterior wall of the vagina, and when removed it is generally by vaginal section. There is nothing unusual in the contents or formation of this cyst. It was most probably pressed out by the power of the advancing head of the child.

DR. MUDD thought a peculiar point connected with the tumor was its point of origin. It presented posteriorly between the vagina and rectum, clearing a space there when it protruded. Did it start from the connective tissue below the vagina, or from some of the appendages of the uterus?

DR. GUHMAN thought that it probably originated in the neighborhood of the sacrum, perhaps from some tissues connected with the colon.

DR. BORCK said that these cysts, when formed in small children, often occur near the eyes; he had removed a number of them.

DR. WILLIAMS remarked that dermoid cysts about the eyelids were not uncommon, but were never found on the eyeball. He had seen several dermoid tumors on the edge of the cornea—between the sclera and the cornea.

DR. MUDD said that it was very well known that these cysts may occur in any part of the body where epithelial structures exist. The presence of a small pedicle suggested the question as to the probable origin of the cyst; again, such regularity and analogy in the contents of the cyst as tooth and bone are not generally found.

DR. HURT asked if there was any history of obstruction in former labors, and being informed that there was not, thought that this would seem to indicate growth subsequent to the last labor, and might point to something else besides a dermoid cyst.

DR. WILLIAMS had removed a dermoid cyst, containing a wad of hair, located behind the ear.

DR. LOVE reported that a patient up to within a couple of months had always enjoyed excellent health. She suffered then with dyspepsia and gastric irritation, and was covered with the eruption of urticaria. She dieted herself, and every irritation of the stomach was followed by an attack. He prescribed for the stomach and used all the usual local applications, together with large doses of chloral. He succeeded in controlling the stomach, but the skin trouble still continued.

DR. GUHMAN stated that he was subject to urticaria and found dieting to act well, and did not believe medicines would do much good. The trouble was, patients did not thoroughly attend to the diet. As a local application he sponged himself with vinegar and water.

DR. HOLLAND has a baby at home which was bottle-fed until within four months ago, and then it was given chocolate and it had hives, and whenever it takes chocolate the eruption appears.

DR. MCPHEETERS, in treating urticaria, looks to the stomach and bowels and gives quinine, which, in his hands, has proven as successful as anything else. In addition to this, in chronic urticaria, nothing is equal to jaborandi. In the acute form he relies on blue mass and quinine.

DR. LOVE used quinine in his case, and he found that it seemed to aggravate the symptoms. In respect to jaborandi, he thought pilocarpine would be better, as it is more pleasant to administer and less bulky.

DR. GUHMAN thought a strict diet and Belcher's water, which is both tonic and laxative, would give relief. He had employed quinia, but it often aggravated the disease and produced urticaria in some patients.

DR. MUDD called attention to the fact that he had met with some soft rubber catheters made of of unreliable material—becoming very brittle and breaking. In one case he was called to see four inches were broken off, one extremity being back of the bulb. He used Tiemann's œsophageal forceps and caught the piece. In another case a man had an abscess of the urethra and the calibre was narrowed. A cautious and skillful physician passed a catheter into the bladder. In attempting to withdraw it, it broke, leaving the end in the bladder. Fissures were found at the site of fracture. Tried to catch the end by various means and failed, and finally made the lateral incision as for lithotomy.

DR. MEISENBACH never had any similar case, but

the idea had occurred to him before. He found that, in attempting to slip a catheter over a stop-cock, it tore. He had been told by men in the rubber business that all red goods were unreliable and became brittle by age.

Dr. Mudd had been told that the cause of this brittleness was the amonnt of sulphur, and advised all to always carefully examine their catheters before employing them. Those, whose fragments he presented, were of the best make sold.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Case of extreme Mitral Stenosis. Death resulting in a few months from Sequential Lesions without General Dropsy. By J. T. Eskridgde, *M.D , Physician to Jefferson Medical College and St. Mary's Hospitals.*

Charlie, æt. fifteen years, died in St. Mary's Hospital, during the latter part of December, 1882. In February of that year, during my term of service, he first came to the hospital suffering from acute bronchitis. The attack ran its course in a week or two, but the heart during and after the seizure was exceedingly irritable, frequently beating from one hundred and twenty to one hundred and fifty times per minute. Frequently he complained of pain over the præcordial region. The heart was repeatedly and carefully examined, but no endocardial murmur or pericardial friction sound was heard. No thrill or friction fremitus was felt. He was kept in the recumbent posture, and counter-irritants were applied to the præcordium. At the end of about two weeks he left the hospital, feeling tolerably well, although the cardiac pulsations were rarely below one hundred per minute, and a little exercise or excitement of any kind would increase them to one hundred and twenty or more.

In August, 1882, he re-entered the hospital, and was again suffering from acute bronchitis, with free secretion attended by numerous subcrepitant and large, moist bronchial rales. After the subsidence of that attack, which took place in about a week, a decidedly rough and rather long presystolic murmur was heard. During the remainder of his life he stayed in the hospital, and was engaged most of the time in waiting upon the sick in the ward. Ascending and descending stairs, and active exercise of any kind, greatly exhausted him, causing the heart to beat tumultuously, and him to pant for breath. He rapidly grew worse, and by the latter part of November he was spitting quantities of blood rather frequently. The lungs soon became so engorged that the frequent hæmoptysis did not relieve them. During most of December he remained in bed propped up by pillows. The last two weeks of his life he was air-hungry, and gasped for breath His extremities were cool and cyanosed, his face was of a dusky hue, and he expectorated large quantities of blood and frothy mucus. No general dropsy existed. Considerable albumen was found in the urine. Physical signs of pulmonary congestion and œdema, bronchitis, pleurisy with effusion, pleuro-pericarditis and pericarditis with effusion in the pericardium, were present during the last few weeks of his life.

Sectio Cadavaris—Numerous recent and old pleuritic adhesions were found, especially in the neighborhood of the heart. Pleuræ were slightly adherent to the upper portion of the pericardium by means of recent exudate. Considerable fluid, containing only a trace of lymph and no pus, was seen in the pleural sacks. The pericardium contained several ounces of nearly clear serum. Several patches of recently exuded lymph were present on the outer surfaces of the ventricles. The weight and size of the heart were greatly increased. The right cavities of the heart were relaxed and filled with dark fluid blood and a chicken-fat clot. The left side of the heart was less relaxed, and contained a smaller quantity of blood. The wall of the right ventricle is nearly twice its usual thickness; its cavity is slightly enlarged. The right auricle is dilated. The valvular curtains at the pulmonary orifice appear competent and show no inflammatory deposits. Tricuspid valve slightly incompetent, otherwise normal. The left auricle, with its appendix, is enormously dilated. The left ventricle is concentrically hypertrophied. The aortic valve curtains are somewhat thickened, but they are competent, and do not encroach upon the orifice. The mitral curtains are adherent to each other along their entire right border, and along the external portion of their left free margins, thus leaving a space only four millimetres long by two wide for the blood to pass through. The valve has a leathery feel, but neither it nor the surface of the auricle is rough. The mitral valve does not present the funnel-shaped appearance usually seen in such cases, because, probably, the curtains had adhered to each other irregularly, and left the small opening to one side of the centre of the normal orifice. The lungs were dark, deeply congested, and more or less œdematous. Several ounces of clear serum was found in the peritoneal cavity. Liver, spleen and kidneys dark and congested.

One point in the clinical history of this case is worthy of special attention. The first symptoms, directing attention to cardiac disease, were the rapid pulse and exceedingly irritable condition of the heart. These symptoms existed for several weeks, and probably for a few months, before a murmur was audible. An explanation of these, without the resence of a murmur, will be found by a careful

study of the diseased mitral valve before us. Neither the valve nor the surface of the auricle is roughened, consequently, for the production of a presystolic murmur under such conditions, it is necessary for the blood current to meet with sufficient resistance in its passage from the auricle into the ventricle to enable it to set up decided vibration in the valve itself. Before sufficient mechanical obstruction took place at this orifice, the parts being comparatively smooth, to develop a murmur, inflammation and beginning adhesions of the curtains to each other were taking place. The latter conditions although not sufficient to give rise to a murmur, rendered the heart irritable. If the explanation given is the correct one, it points to the significance of some irritable hearts, where no murmur is present to announce cardiac valvular disease.

The length of the murmur was greater than that of any mitral presystolic murmur that I had heard before. It seemed to be divided into two parts, both occurring between the diastole and systole of the heart. The first part was the softer and had less intensity; the latter was very rough and ended abruptly. They corresponded to what Hayden has described as the post-diastolic and presystolic murmur. He says they always denote great obstruction at the auriculo-ventricular orifice. The post-diastolic murmur, he thinks, is due to the passive flow of blood from the auricle into the ventricle; the presystolic taking place when the auricle contracts. If subsequent autopsies should almost constantly associate the prolonged or double presystolic murmur with greater stenosis at the mitral orifice, it will be of value in prognosis, as life cannot long continue, when stenosis is as great as seen in the heart I exhibit to-inght.

Dr. F. P. Henry exhibited a specimen of *intra-thoracic aneurism*, markedly sacculatest, and involving the arch and descending portion of the aorta as far downward as the lower border of the sixth rib. The following notes were taken by Dr. Howard Kelly, the then resident physician, soon after the patient's admission to the Episcopal Hospital:

Dec. 7, 1882. There is a "distinctly elevated area about two inches in diameter to left of manubrium, occupying the first and second intercostal spaces and projecting the cartilage of the second rib. This is also the seat of greatest dulness and of strong bruit and expansile movement. Murmurs heard at apex, ensiform cartilage, and second right costal cartilage.....Aortic sounds weak and muffled. Pulse in right radial and axillary, strong. In left radial and axillary weak, and distinctly delayed. Brachials at elbow visible, sinuous and atheromatous. Faint bruit in left axillary; none in right. Strong bruit in left carotid, faint in right. Same relation between subclavian arteries. Faint bruit in abdominal aorta. Left pupil always smaller than right."

Under the use of large doses of potassium iodide there was a decided subsidence of the external tumor, also of the pulsation and bruit. The most troublesome symptom, dyspnœa, was not however materially benefited.

Death occurred on May 13th, through rupture into the right bronchus, and was immediate.

The removal of the aneurism was rendered difficult by the adhesions to neighboring tissues, especially to the sternum and ribs in front. The fifth and sixth dorsal vertebræ were deeply eroded, and at the site of these erosions the aneurismal wall was entirely gone, its place being supplied by two masses of fibrin accurately fitting into the erosions, but unconnected organically with the sac. They merely acted as plugs. The heart was in an advanced state of fatty degeneration and slightly enlarged. The aortic valves were perfectly healthy, but immediately above them were marked atheromatous changes. The opening into the right bronchus was about the size *of a three cent piece.*

Dr. Henry also presented specimens from a case of *acute phosphorus poisoning*, consisting of stomach, liver, kidneys, heart and spleen. The phosphorus was taken with suicidal intent during the night of May 7th, and was obtained by soaking the heads of a box of matches in water. Fifteen minutes after swallowing the solution the patient, a male German, aet. 22, experienced a burning sensation in the stomach, which, in the course of a few hours (about six), steadily increased until the pain became excruciating. Copious and repeated attacks of vomiting then ensued, and followed every attempt to allay thirst, which was excessive. On the 8th, there was a very loose discharge from the bowels. The patient was admitted to the hospital on the 14th. His skin was sallow and dark, but not then icteric in hue. There was tenderness over the liver, and on the line of the liver dullness was slightly increased. Severe pain in the abdomen was complained of, and this pain had continued, with occasional intermissions, since the 8th. The pulse was full and strong—84 per minute. The temperature was 100°. The urine contained considerable albumen, but no cysts, nor other abnormal ingredient. I extract the following from notes taken by the resident physician, Dr. James S. Carpenter:

May 11—No pain; pulse 100; temperature 98 3-5°; patient refuses food, but craves iced drinks.

May 12—Vomited once, but phosphorus not tasted by the patient as heretofore. Pulse 108 and weaker. Temperature, which was 101° on the evening of the 11th, now 98 3-5°. Decided icterus. Thirst continues.

May 13—Jaundice increased. Tongue dry and brown, red at edges. Abdominal wall covered with numerous petechial spots. Pulse 126. Temperature 100.°

May 14—Intense jaundice; one clay-colored stool. Pulse very weak, 32. Temperature 98½°. Extremities cold. Bladder relieved by catheter; 48 oz. removed. The urine contained bile pigment in large amount, and had a strong odor of phosphorus. The man died at 11.40 A. M., one week, less fourteen hours, after taking the poison. As the patient was not admitted until the third day after he had swallowed the phosphorus, the treatment was directed toward relieving pain and maintaining the strength as far as possible.

At the autopsy, which was made very soon after death, the stomach was found filled with a grumous, bloody fluid, but the gastric mucous membrane was quite pale and free from erosion or any sign of inflammation. The folds of mucous membrane upon its surface were, however, unusually prominent. The liver weighed 3 lbs. 14 oz. The anterior border of right lobe and the parts adjacent to the gall bladder were yellow-mottled. Streaks of this yellow collection extended along the borders of the fissures on the under surface; in parts these streaks were an inch in width. The bulk of the liver was normal in appearance; the gall bladder was empty. Heart rigid in systole; its valves healthy; slight pericardial effusions.

Lungs—Some old pleuritic adhesions and emphysematous vesicles at both apices.

Spleen and kidneys apparently healthy.

Blood florid. A microscopical examination of the liver will be made and reported upon at a future meeting.

AMERICAN MEDICAL ASSOCIATION.

FIRST DAY.

CLEVELAND, June 5th, 1883.

The National Convention of the American Medical Association was called to order at 10:45 o'clock by Dr. X. C. Scott, who introduced Bishop Gilmore. In a few brief remarks the Bishop formally opened the meeting. On account of the wide and extended nature of the philanthropy of the meeting here assembled, he deemed it an eminently proper and right thing to offer a prayer to Almighty God to vouchsafe His guidance to the deliberations of the association. An extempore prayer was then made, concluding with the Lord's Prayer. Dr. X. C. Scott introduced Dr. J. L. Atlee, the president of the organization, in terms of high encomium.

General Edward S. Meyer delivered the address of welcome. The orator was frequently interrupted by bursts of applause at the conclusion of his many well-turned periods. President Atlee, a the close of the address, invited the vice presidents to come upon the platform. Dr. X. C. Scott then announced the programme and gave the necessary directions for the finding of the various rooms where meetings are to be held. Protests concerning the omission from the list of the names of those who had not signed the Code of Ethics, and other complaints, were referred to the Committee on Judiciary.

The annual address of the president was then delivered by Dr. J. L. Atlee, which was listened to with great attention, and was frequently interrupted by applause.

At the conclusion of the address Dr. Hedge, of Pennsylvania, moved that the State Medical Society be admitted to the association, which was carried. It was resolved that a communication from the British Medical Society be referred to the department on Atmospheric Conditions, of which Dr. N.S. Davis is chairman. Dr. H. D. Didama read a communication from Dr. Tindale, of New York. The paper contained a petition to Congress and the Secretary of War and Signal Service Department, requesting that a committee of five professional gentlemen be appointed to establish climatic observations at the several health resorts and watering places, to collect data in regard to the sanitary value of the localities in regard to pulmonary diseases. Referred to the association for discussion to-morrow morning.

JUNE 6TH.

The second morning session of the American Medical Association convened in Case Hall this morning at 9:30 o'clock. Dr. Charles Pomeroy opened the exercise with an eloquent and fitting prayer, after which the secretary, Dr. Atkinson, read the names of those representatives of the various State delegations who comprise the Nominating Committee, which is in full as follows: Drs. W. O. Baldwin, Alabama; D. A. Linthicum, Arkansas; W. F. McNutt, California; T. M. Hills, Connecticut; H. K. Steele, Colorado; W. Marshall, Delaware; D. C. Patterson, District of Columbia: Eugene Foster, Georgia; C. F. Parker, Illinois; H. J. Wood, Indiana; W. S. Robertson, Iowa; L. S. Mc Murtry, Kentucky; W. L. Schenck, Kansas; J. W. Dupree, Louisiana; C. A. Suvary, Massachusetts; Julian A. J. Chisholm, Maryland; B. H. Miller, Minnesota; F. K. Owen, Michigan; E. H. Gregory, Missouri; A. J. Fuller, Maine; V. H. Coffmann, Nebraska; E. Grisson, North Carolina; B. A. Watson, New Jersey; H. D. Didama, New York; W. M. Beach, Ohio; S. D. Gross, Pennsylvania; A. Ballou, Rhode Island; R. A. Kniloch, South Carolina; D. J. Roberts, Tennessee; H. C. Ghent, Texas; Alex Harris, Virginia; J. M. Lazel, West Virginia; S. C. Johnson, Wisconsin; T. W. Miller, United States

Marine Hospital; Joseph R. Smith, United States Army; A. L. Gihon, United States Navy; W.A. Tipton, New Mexico; A. B. Van Nelosn, Dakota Territory.

At the conclusion of the reading Dr. Foster Pratt, of Michigan, stated that he wished to call attention to a point which would affect the action of the nominating committee. At the last association meeting an amendment to the constitution was laid on the table, which was to the effect that no members but those present were eligible to office. On motion the amendment was taken from the table, and section 13 of the by-laws was amended so as to read that none but members present would be eligible for the offices of president, vice-president, secretary, treasurer, or chairman or secretary of sections.

Dr. S. D. Gross, offered a paper signed by Austin Flint, Oliver Wendell Holmes and himself, recommending an appropriation for the National Public Museum and Medical Library, and the providing of means whereby this valuable collection shall be preserved from danger of fire. At the conclusion of this paper Dr. H. A. Johnson presented resolutions to meet the object desired.

Dr. N. S. Davis then read the report of the board of trustees in regard to journalizing the proceedings of the Association, in which the history of the plan of publishing such a journal was fully related and the encouragement which the board has received in prosecuting it. The reader was frequently interrupted by enthusiastic applause, and at its conclusion introduced resolutions which make the journal of the A. M. A. an established fact. These resolutions were passed with almost no dissenting voices.

Dr. L. S. McMurtry, of Louisville, declared Dr. N. S. Davis to be the nominee of every member of the board of trustees for editor of the new journal.

Dr. Bush, of Delaware, then in a short address moved that a vote of thanks to be tendered to Dr. Davis on account of his arduous and faithful labors for the profession.

Dr. Solis Cohn, of Philadelphia, introduced a motion that the minutes of the Association be published in a thin octavo volume instead of publishing them in the journal. After considerable heated discussion on this proposition, Dr. Burrows solved the difficulty by referring the whole matter to the board of trustees.

Dr. N. S. Davis, on account of his acceptance of the editorship of the journal of the A. M. A., resigned his position on the board of trustees. There being four vacancies in the board of trustees, a committee was appointed to nominate the proper quota of members. Drs. Richardson, of Louisiana; Brodie, of Michigan; Hibbard, of Indiana; Baldwin, of Alabama; and X. C. Scott, of Ohio, comprise the committee, who reported the choice to be Drs. G. O. Hooper, of Arkansas; Alonzo Garcelon, of Maine; L. S. McMurtry, of Kentucky, and J. H. Hollister, of Illinois. The first three gentlemen are re-elected for another term, and Dr. Hollister is chosen to fill Dr. Davis's place.

Dr. J. H. Hollister, the chairman of the section on Practical Medicine, was introduced, and read a most excellent address on the progress of medicine since the last meeting. He discussed in quite an interesting manner the value of the microscope in determining the truth of the germ theory of disease. He mentioned the difficulty of deciding which possessed the most vitality, the bacteria or the blood corpuscles, and the danger in pursuing the germicidal treatment of killing the subject while the bacteria remain unharmed, like the surgeon who saved the tumor but killed the man. The doctor recommended that in course of time a National Board of Medical Examiners be appointed, which alone should grant permission to practice medicine, and that the yearly grists of the diploma mills should be stopped. Many of the witty and biting paragraghs were greeted with enthusiastic applause, particularly when the speaker referred to the recent law passed passed in Italy prohibiting the sale of proprietary medicines whose formula is kept a secret.

Dr. Bartlett, the chairman of the section of Obstetrics and Diseases of Women, was unable to personally present his address on account of voice trouble, and Dr. Nicholas Senn read it in his stead. The essayist recounted the many advances in obstetrical and gynecological operations. He mentioned as a process of destroying the fœtus by electricity in the occasional cases of extra-uterine pregnancy an anomaly, which can only result in the death of the mother unless an operation is performed. The transfusion of blood, milk and other solutions in the case of post-partum hemorrhages, was discussed dispassionateiy and thoroughly. The too frequent use of forceps was deprecated, and the conclusion arrived at that their use had been of far more injury than benefit to society. The many mechanical contrivances for aiding child-birth were described in a slightly sarcastic manner.

The address, which was quite lengthy, was received with great favor and was referred to the Committee on Publication.

Prof. Toner, of Washington, chairman of the Committee on Necrology, presented the report of the names of members of the Association who had died during the past year. The report was ordered published.

The Association then adjourned until June 7th, at 9:30 A. M.

JUNE 7TH.

The third morning session convened at 9:30 A. M. in Case Hall. The exercises were opened by prayer, and a collect appropriate to the occasion was read by Dr. Rulison.

The president then announced that he had made six appointments to medical and scientific societies in Europe, of those who were going abroad. He requested those who intended to make the trip to Europe to present themselves to him and get an appointment. Dr. Keller, of Arkansas, moved that the amendment to the constitution relative to the date of the meeting, which had been tabled, be opened for discussion. The result was that the power of appointing the time of the meeting be left to the option of the Nominating Committee, instead of limiting the dates to either the first Tuesday in May or the first Tuesday in June.

Dr. Foster Pratt, of Michigan, presented resolutions upon the death of Dr. William Farr, of England.

Dr. D. H. Bachelor, of Rhode Island, offered a resolution, recommending that a committee be appointed by the president to confer with the legislatures of the States, by petition or otherwise, for the enaction of more stringent laws in relation to the sale of toxical agents. The resolution was unanimously adopted.

Dr. S. D. Gross then offered a preamble and resolutions, as follows:

Whereas, Good nursing is of paramount importance to the comfort of the sick and to the restoration of their health; and

Whereas, The subject is one which strongly addresses itself to the common sense and kindly sympathy of every intelligent member of society; therefore,

Resolved, That this Association, fully recognizing the importance of the subject, respectfully recommends the establishment at every county town in our States and Territories of schools or societies for the efficient training of nurses, male and female, by lectures and practical instruction to be given by competent medical men—members, if possible, of county societies - either gratuitously or at such reasonable rates as shall not debar the poor from availing themselves of this benefit.

Dr. Walter Hay's motion to form a special section to be devoted to the study of psychological diseases was laid on the table until next year's meeting.

The order of the day was then called for, and Dr. N. S. Davis, the chairman of the standing committee on Atmospheric Conditions and Their Relation to the Prevalence of Diseases, read the annual report.

The resolution introduced yesterday by Dr. Didama, for Dr. Tindale, of New York, relative to the appointment of stations of observation, which shall furnish data in regard to the effect of the atmosphere in certain localities, with reference to pulmonary diseases, was referred to the Committee on Climate, together with Dr. N. S. Davis' report.

The president announced the names of those appointed as delegates to foreign societies, which are as follows: Drs. G. J. Engelmann, of St. Louis; W. M. Finley, of Altoona, Pa.; Walter L. Zeigler, of Lancaster county, Pa.; M. H. Alter, of Armstrong county, Pa.; R. B. Cole, of San Francisco; James H. Warren, of Boston; C. H. Von Klein, of Hamilton, O.; W. M. Lawlor, of San Francisco; Henry Martin, of Boston; J. C. Hutchinson, of Brooklyn; A. M. Hawes, of Detroit; Edward Borck, of St. Louis; T. F. Prewitt, of St. Louis; E. P. Allen, of Pennsylvania; H. McCall, of Michigan; J. N. Quinby, of New Jersey, and S. C. Gordon, of Maine. Resolutions of condolence to the wife and family of Dr. Hubbard, of Ashtabula, who died suddenly while the association was in session, were offered by Dr. Reed, of Iowa, and were adopted and ordered spread upon the minutes.

Dr. N. S. Davis then asked that Dr. D. H. Didama, of New York, be added to the Standing Committee on Atmospheric and Ozonic Conditions. The request was granted. Dr. S. Pollack, of St. Louis, in the interim ensuing between the completion of the preceding business and the beginning of the next following, stirred up a hornet's nest by introducing resolutions looking toward the revision of the present code of ethics. The resolution was hastily laid on the table for one year, as was also that of Dr. Brodie, of Michigan, who was in favor of not permitting papers to be read in sections until the consent of the chairman of that section had been obtained.

Dr. W. F. Peck, of Iowa, then read probably the most interesting paper yet delivered. He is the chairman of Section of Surgery and Anatomy. It is to be regretted that the president was obliged to state that he hoped it would not be necessary to call in an officer to quiet the confusion which arose from many of the members congregating near the door and engaging in conversation. It was only with considerable difficulty that quiet was preserved sufficiently for the speaker to be heard.

The present methods of surgical operations was contrasted with those of the past, and the speaker remarked upon the improvements in surgical instruments, particularly the rachet splint. The use of the electric light in observations of the cavities of the human body, and the many valuable facts thereby obtained, were rehearsed. He laid special stress upon the necessity of careful attention to details, upon which successful surgery so largely depends. Graham Bell's induction balance was mentioned as a valuable instrument in certain methods

of diagnosis. Sir Henry Thompson's opinions on urethral surgery were quoted approvingly. The removal of polyps, whose locations were discovered by means of the electric light, were described in detail. The speaker related the many valuable improvements in the surgery of the abdomen within the past few years. Cases were detailed with observations on the overlooked frequency of pathological conditions in the ilio-cæcal regions. He gave the history of a case in detail in which explorations were made in the abdomen by incision, and an obstruction of the bowels resulting from a singular abnormal position of the veriform appendix, which would have eventuated in death, remedied by an operation eminently successful. He dilated upon the importance of boldly opening the abdomen in such cases before the situation of the patient becomes critical. The essay, which was quite lengthy, was frequently interrupted with applause, and at its close the association testified its appreciation of the effort by a hearty round of applause.

Dr. Foster Pratt, of Michigan, the chairman of the Section on State Medicine, read an address upon the progress in sanitary organizations and the education of the public mind in regard to public-health. The people are emancipating themselves from the thralldom which held them powerless in the great epidemics of the past. They now no longer regard them as the visitation of God's wrath, and have come to know that the curse causeless does not come. The march of improvement still goes on, in spite of the opposition of politicians, who find in the plans of sanitary committees neither place nor plunder, in capitalists, who object on account of the food frauds in which they are interested and which they fear may be overthrown, and the superstitious dread of interference with the Divine plans. The value of the work of such measures is shown in the fact that the small-pox, which has stood at the head of contagious diseases in point of communicability, now stands at the head of those most easily prevented. The speaker mentioned the suspicion which rested (see congressional reports) upon the movers of sanitary reform as being men who sought to win sustenance from the State, and salary-grabbers. The paper was frequently interspersed with witty points, which spiced it considerably. The speaker described the operation of State sanitary work in his own State as a specimen of what might be done at a comparatively low expense. Statistics show that in seven years after the introduction of sanitary measures in England the average length of life in males has been increased two full years, while in females, who suffer still far more from bad sanitary arrangements, the increase has been full three and a half years. The improvement has been so marked in this short time that insurance companies have considered the advisability of regarding the progress of State sanitation as an important factor in the computation of vital statistics. At the conclusion of the address, it was ordered referred to the Committee on Publication. The report of the treasurer, Dr. Richard J. Dunglison, was then read. The balance in the treasury up to date is $903 93.

The librarian, Dr. C. H. A. Kleinschmidt, then reported the addition of 5,713 volumes, inclusive of pamphlets, to the library of the association. The librarian recommended that home and foreign exchanges be requested to contribute their publications, and also that $100 be placed at his disposal for the purpose of replacing the binding of books in the establishment. All reports were approved.

The Committee on Nomination reported with the following results: President, Austin Flint, Sr., of New York. The announcement was received with deafening applause. Vice-Presidents: R. A. Kinloch, Charleston, S. C.; T. B. Lester, Kansas City; A. L. Gihon, U. S. N.; S. C. Gorden, Portland, Maine; Treasurer, R. J. Dunglison, Philadelphia; Librarian, C. H. A. Kleinschmidt, Washington, D. C. The place of meeting for 1884 is Washington, D. C., on the first Tuesday of May. The chairman of the Committee of Arrangements is Dr. A. Y. P. Garnett, of Washington, D. C.; assistant secretary, Dr. D. W. Prentiss, of the same city. Judicial Council, Drs. F. D. Cunningham, of Virginia; H. O. Marcy, of Massachusetts; W. O. Baldwin, of Alabama; J. S. Billings, U. S. A.; Freeman W. Miller, U. S. M. H. S.; Eugene Grissom, of North Carolina; R. N. Todd, of Indiana; to fill the vacancy in judicial council for class 1884, Dr. E. W. Clark, of Iowa. The chairmen and secretaries of the various sections were then read.

At the conclusion of the report of the committee, the following letter from Austin Flint was read amid the applause of the Association.

"Circumstances render it necessary for me to return to New York. Will you kindly express to our brethren, the members of the American Medical Association, with my sincere thanks, an assurance that I thoroughly appreciate the great honor which has been conferred upon me.

"I accept the honor, feeling assured that I may confidently expect co-operation and indulgence in my efforts to fulfill the duties which it involves.

Yours very truly, AUSTIN FLINT."

"Cleveland, O., June 7, 1883."

Association then adjourned until following day.

JUNE 8TH.

The morning session of the fourth day convened rather later than any of the preceding days. The attendance was comparatively light. Rev. Charles Terry Collins, pastor of the Plymouth Congregational Church, offered the opening prayer.

Dr. N. S. Smith, of Dakota, offered an amend ment to the constitution to provide for the admis

sion to membership of two delegates from the Medical Bureau of the United States Indian Service, to be nominated by the surgeon-in-chief of that bureau, and approved by the Secretary of the Interior. The amendment was tabled.

An amendment was offered by Dr. J. M. Toner, of Washington, to the effect that the office of permanent secretary be vacated, and that the Nominating Committee hereafter annually nominate a secretary who will serve without compensation. Dr. Toner withdrew his amendment in view of the change made in the duties of the permanent secretary, which enables him to serve without an honorarium. The amendment of Dr. Sears, of Arkansas, looking toward the addition of workers to the several sections at the discretion of the chairman and secretary of section, was tabled for one year.

Dr. Turnbull, of Philadelphia, read a brief paper on what might be called pitch-deafness, prefacing a resolution to the effect that Legislatures be requested to take some steps toward having engineers examined in regard to their hearing. The resolution was referred to the section on Otology. The report to the Judicial Committee was presented by Dr. N. S. Davis. In regard to the petition of Dr. D. W. Day, asking for a rehearing of his case, which was adjudicated last year, the council ordered the return of the petition to Dr. Day, with leave granted to supplement said paper by a written statement of the character of the new evidence which he proposes to introduce. In the case of Dr. D. H. Goodwillie the council decided that the registration of Dr. Goodwillie be cancelled and the annual dues be returned to him. This action was taken on account of Dr. Goodwillie's connection with the New York State Society, which is heretical in its adherence to a code different from that of the Association. Dr. Foster Pratt, of Michigan, introduced a resolution by Dr. A. N. Bell, from the section on State Medicine, requesting that Congress be urged to consider the importance of a competent medical and sanitary service on board all transoceanic and passenger vessels, and that a committee of five be appointed to promote the object and report at the next session. Referred to its appropriate committee.

Dr. A. N. Bell then introduced the following esolutions:

WHEREAS, The practice prevails of reading papers before the several sections at the option of their authors, without sufficient regard to the special objects for which the sections were created, therefore,

RESOLVED, That all papers hereafter offered or intended to be read before the Association, or any of its sections, except the addresses of the president and the chairman of the sections, shall be first referred to the trustees of the Journal for classification and appropriate references.

The resolution was tabled.

Dr. Brodie, of Michigan, introduced resolutions relative to the death of Surgeon-General Barnes, which were unanimously adopted and ordered spread on the minutes.

Dr. Keller, of Arkansas, offered the resolution that in the very near future, if not now, cremation will become a sanitary necessity in the large cities and populous districts of the country. Referred to the Committee on Hygiene. A committee was appointed by the chair, the duty of which it shall be to look after the surgical service aboard steamers and other ocean vessels. The committee is as follows: Dr. A. N. Bell, of New York; A. L. Gihon, U. S. N.; I. M. Quimby, of New Jersey; H. O. Marcey, of Massachusetts; Henry H. Smith, of Pennsylvania.

Dr. I. N. Quimby, of New Jersey, introduced a lengthy resolution of gratitude to the citizens of Cleveland for their hospitality, and particularly to those who opened their doors so freely to them.

The report of the Section on Obstetrics was referred to the Committee of Arrangements.

Dr. Eve, the secretary of the Surgical section, then exhibited an appliance for the extension of the arm, not previously exhibited.

All reports of the various committees were on motion of Dr. Brodie, of Michigan, referred to the Board of Trustees. Dr. Atlee, in retiring from the presidency, made the following address:

"GENTLEMEN: I am about to vacate the position with which you have honored me, and in doing so it is with the greatest satisfaction. I had expected to have the honor of inducting into the chair a gentleman who is in every respect most worthy of it. [Applause.] A gentleman who has done as much for the medical literature of the country as almost any other gentleman, and one I characterized a few days ago in a very different place—the Lanek of America. I most heartily thank you for the support you have given me, and I can only say that I hope you will forgive me my shortcomings. I bid you an affectionate farewell.

He was greeted with a hearty round of applause. Dr. Atlee, despite the weight of years, was singularly successful in administering the arduous duties of the position and solving the parliamentary difficulties which presented themselves.

Dr. Alonzo Garcelon, of Maine, then offered the following resolution of thanks:

Resolved, That the thanks of the association be extended to Dr. J. H. Atlee, the retiring president, for the able, dignified and satisfactory manner in which he has presided over the deliberations of the association, and that he retires with the best wishes of every member of the association for the long continuance of a life so highly useful not only to the present but all future generations. The resolution was unanimously adopted.

Dr. Lester, the second vice-president, in the absence of the president, announced the association adjourned to meet in Washington City on the first Tuesday of May, 1884.

The Weekly Medical Review.

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An Interesting Case of enchondroma of the lungs has been reported from the Leeds public dispensary. A girl of 18 gradually succumbed to a pulmonary affection, which was rather generally held to be of a tuberculous nature. By aspiration a pint of blood-stained fluid was drawn off from the right chest, but gave no aid in diagnosis. There were some obscure brain symptoms with severe cephalalgia, and paretic trouble with the arms. At the autopsy there was a quantity of bloody serum in the right pleural sac; the right lung was much retracted in front and somewhat fixed posteriorly, and was removed with difficulty. Its posterior portion was one mass of ossified tissue, with similar masses scattered through the anterior portion. The left lung had a few scattered nodules of the same nature. Bronchial glands much enlarged and very hard; abdominal viscera and brain healthy. In the brain a round growth was found on the surface and in the substance of the right hemisphere. It could be shelled out of its place, and weighed nine drachms. Section of the lung showed an osteochondroma. The brain growth was of somewhat the same nature. It transpired that the girl had had her leg amputated for disease of the knee, which had been supposed to be tubercular, but in the light of the autopsy must be held to have been an osteochondroma or sarcoma.

The Operation for Resection of the Cancerous Pylorus has now been before the profession long enough to have secured a general appreciation of its advantages and disadvantages, and of its inherent difficulties. The Germans can claim the credit, if not for suggesting it, at least for first successfully carrying it out. But the Italians, among whom are some remarkably expert and bold operators, have introduced a modification of the measure, which, while not so extreme, will be in some cases more feasible and less hazardous. The operation, which should bear the name of Loreta, of Bologna, who first practiced it, consists in opening the stomach to a sufficient extent to permit the pylorus to be dilated thoroughly, after which the incision in the stomach is sewed up just as after gastrotomy for a foreign body. As a matter of fact stenosis of the pyloric orifice is not such a very rare condition when resulting from chronic ulcer. Other relief failing, both Rydygier, of Kulm, and Van Kleef, of Maestricht, have resected the pylorus for this trouble, and with success — brilliant success. It is well worthy of note that the operation has only been twice performed for this lesion and both times with success. But it has remained for Loreta to conceive and put into practice with success an operation requiring less time, perhaps less surgical skill, and while conferring equal benefit of less hazard to the patient. Unfortunately its limited applicability will make it a surgical rarity, its indications being confined to that form of stenosis produced by cicatricial contraction of the gastro-duodenal opening, a condition requiring expert skill for its recognition. The operation, as reported through correspondence in the Philadelphia Medical News, is made as follows: The usual incision is made just as for resection of the pylorus, the stomach is liberated, its pyloric end drawn out, an incision made into it, one or more fingers introduced into the stenosed orifice, which is then widely dilated. After this the stomach wound is neatly sewed together, and finally the abdominal wound united. The operation has been done four times, thrice by Loreta, with one failure; once by

Giommi, whose case died of shock. These four operations were done within a period of 184 days, showing that the trouble is not so very rare, at least in Italy. These cases have one happy feature in common; the trouble is simply mechanical; there is no cancerous cachexia to combat. Moreover, the mortality of one-half is a very small one for the early cases. All honor then to Loreta for his originality and ingenuity. Like his colleague Porro, he has brought reputation to Italy, and by honoring her has honored himself.

Syphilis in the Ninth Century.—Between the years A. D. 806 and 810, an Emperor of Japan commanded his court physicians, Abemanus and Idzumo Kirosada, to collect in one volume all extant records of native medicine and surgery. (British Medical Journal.) A manuscript copy of this work, for centuries forgotten, although the facts of its origin were recorded in Japanese history, was found in 1827, by a priest, in a provincial Buddhist temple. Dr. Scheube, of Leipzig, has recently examined this work, and, in an article published in a recent number of Virchow's Archiv (Louisville Medical News) has shown its undoubted authenticity and its high value from a scientific point of view. It was written long before Chinese ideas had penetrated into Japan and influenced native practitioners. The most interesting passages are descriptions of local and general affections, which clearly prove that syphilis and several allied disorders were well known to the ancient Japanese. Chancroid and phagedenic chancre are clearly described, as well as a "swelling on the penis, the size of a millet-seed," followed by eruptions, feverishness, pains in the bones and head, blindness, swelling of the testicles, and other very familiar symptoms. These were observed to continue for many years. The passages of this work, called the Daidorui Thiu-ho, which relates to the treatment of these symptoms, have not yet been translated into English. Herbs alone appear to have been used, and without much success; mercurial treatment was introduced at a comparatively recent date from Europe. The ancient Japanese surgeons do not appear to have recognized the venereal origin of the disease they describe, although the Daidorui distinctly traces all the secondary symptoms to "the poison from the affected organ."

The Medical Press' Paris correspondent writes: "The greater part of the séance of the Acadmie de Medicine last week was occupied by M. Pasteur, who came up expressly from the country in order to defend himself from the allegations of M. Peter, who at a former meeting showed himself antagonistic to the theories of the celebrated discoverer of microbes. In a lengthy communication, M. Pasteur endeavored to refute the opinions of his adversary, and denied that his vaccinations were attended with fatal results. He reproached M. Peter with being entirely ignorant of the subject in question, and added: "I am not a doctor or even a veterinary surgeon, and I often regret it. If I were younger, or even as I am, if I had better health, you would see me on the seats in the gallery. When I obtained the honor of being called to this academy, I rejoiced in the idea that I was going to learn from you many things of which I was ignorant, but I consoled myself with the thought that the path I had chosen, although deviating a little from the well beaten road of medical science, would perhaps contribute its share, however small, to the benefit of that science. To hear my learned friend talk with such contempt of chemists and physiologists who touch the question of diseases, one would think that he was speaking in the name of a science whose principles were founded on a rock. Did he want a proof of the little advance that is made in therapeutics? He will find it in the fact that for the last six months a discussion is going on as to whether typhoid fever should be treated by this or that method, or not at all. And when on the eve of solving the question of the etiology of this disease by the microbia, M. Peter has the audacity to cry out, 'What do I care about your microbes!'

M. Peter thinks that because I turned my mind to chemistry, physics and physiology, I should know nothing; but a labor of forty years permits me to defy such insinuations. I glory in one thing, and that is, that the great discovery of the attenuation of virus (charbon) by vaccine can be considered as wholly French. [Prolonged applause.]"

Dr. A. M. Pelton says, in the Southern Practitioner: By the following method abscesses, felons, boils, etc., can be opened with little or no pain. Sharpen to a point a stick about six inches in length. Dip the point into liquified carbolic acid, and apply to the point chosen for the opening. After a moment's delay, cut the skin with a knife; then take a little of the acid on the point of the stick and apply in the incision with a gentle rotary motion. By frequent applications of the acid, and a gentle rotary motion of the stick persistently applied, an opening can be made to the required depth. The carbolic acid produces first anæsthesia, then death of the parts to which it is applied in the foregoing manner.

The Hygienic Comparison between the Light by Electricity and that of Coal Gas is the title of a recent paper by Mr. Thwaite. Alluding to the researches as to the effect of light by electricity on plants by Siemens and Deherain, he says: The remarkable results of the application by Dr. Siemens of the arc light for the development of plants will no doubt be well known to the reader; but experiments in the same direction, conducted by M. P. P. Deherain at the Palais de l'Industrie, Paris, in 1881, only had very partially successful results. Indeed, the results of the experiments with the naked arc light may be considered in the light of a failure. M. Deherain states (see Annales agronomiques, p. 551-575) that at the end of seven days the naked arc light was seen to have an injurious effect both on those plants which were constantly subjected to it, and in a less degree on those which were exposed to it during the night only. The leaves blackened, withered and dropped off. The injury, however, was confined to the epidermal layers, and was due to the direct impact of the luminous radiations, and not to the nitrogen oxides; for where one leaf was partly shaded by another, a sharp line was photographically impressed. Even in the experiments with the arc lights protected by globes of colorless glass, the results were not much more satisfactory. Seedlings exposed exclusively to the electric light perished sooner or later, and the leaves of some of them were blackened as with the naked light. Mature plants, on the other hand, continue to vegetate: but in no instance, except in that of a plant of barley, were flowers and seeds produced, the vegetation being merely foliaceous. M. Deherain's conclusions are as follows: 1. The electric arc light emits radiations which are injurious to vegetation. 2. Most of these radiations are arrested by colorless glass. 3. The electric light emits radiations powerful enough to maintain mature plants in vegetation for two months and a half. 4. The beneficial radiations are not sufficiently powerful to cause the growth of germinating seeds, or to allow of the maturation of fruit in older plants.

Mr. Edwards, of Bangor, has recently reported the following case of imperforate hymen persistent during labor (British Med. Journal): At 11 p. m., April 25th, 1883, I was called to see S. O., primipara, aged 32, said to have been in labor since Monday morning, 23d ult. I found the patient suffering from severe "pains." On digital examination, I was somewhat surprised to find that the orifice of the vagina was completely closed by a tough membrane. Anteriorly, it was comparatively thin, and attached to the edge of the vaginal orifice, whence it sloped gradually backwards until, at the posterior wall, it was attached an inch and a half from the orifice. Here it was very thick, and gave the same sensation to the finger as the walls of the vagina itself. The fœtal head could be easily felt through the tissue, which was perfectly lax, resisting

all efforts at rupture with my finger. Having decided to give the uterus time to do its best, I left, calling again at 4 P. M., but, though the pains had been strong and frequent, things were much in the same condition. By sawing with my nail at the thinnest part, I eventually got the end of my finger in and tore the hymen by drawing the finger backwards, until about half way across, but I could not manage it further. I then waited an hour, in the hope that the remaining half would not be sufficient obstruction to delivery; but, "pains" becoming short and slight, I put on a forceps, and delivered without difficulty. The patient is going on satisfactorily. I have reported this case under the belief that such a tough condition of hymen is most unusual. It is medico-legally interesting, that one single act of copulation, in spite of the seeming difficulties of the case, sufficed for impregnation.

From a Report Furnished by M. Béclard, Dean of the Medical "Faculte" at Paris, to the Vice Rector there, it appears that the number of women following the profession as regular students, i. e., those who have produced two diplomas, of bachelor of letters and science, or, if foreigners, certificates equivalent thereto, is thirty-nine during the past two years—ten French, eleven English, five American, nine Russian, one Hungarian, one Polish, one Indian.

Dr. Da Costa is credited with the following: "If one has not too much to do he writes a short paper on phthisis: if one has little to do, he writes a long paper on phthisis; if one has nothing to do, he writes a book on phthisis." "Gynecologists, as a rule, part their hair and their names in the middle, and never die until they have invented pessaries and speculums innumerable."

A Gigantic Elephant at the Schoenbrunn Imperial Menagerie, near Vienna, was poisoned April 5th by command. Fifty grams of prussic acid were administered to him, after swallowing which he died in less than eight minutes.

In Cases Where Reduction of the femur by manipulation in the usual way, with the aid of anæsthetics, has failed, or is inapplicable, and as a substitute, in many cases, for anæsthesia, assistants, and mechanical power, Dr. Kelly proposes the following methods (The Practititioner): For Posterior Dislocations.—The patient is laid prostrate upon the floor. Three strong screw-hooks are inserted into the flooring close to the perineum and each ileum of the patient, and to these hooks he is secured by strong bandages of rope. The injured thigh is flexed at right angles to the patient's body; the foot and lower extremity of the tibia are placed against the perineum of the surgeon, who, bending forward, with the knees slightly flexed, passes his forearms behind the patient's knee and grasps his own elbows. Reduction is now accomplished by drawing the femur upward. But circumduction may also be practiced; the surgeon stepping backward, then extends the limb, and lays it by the side of its fellow. In sciatic dislocations in order to liberate the head of the bone from the foramen, a bandage may be passed around the thigh, close to the trochanter, by which an assistant may make traction. For Anterior Dislocations.—The patient is placed upon a table of such elevation as to have his pelvis nearly as high as the trochanter of the surgeon. A bandage around the pelvis, and secured to the side of the table farthest from the dislocation affords counter-extension. The surgeon, with his face directed toward the dislocated joint, and standing on its inner side, with his trochanter pressed against the femur, now bends the leg behind his back, and grasps the ankle with the corresponding hand. Reduction is effected by rotating or turning his body partially away from the patient, thus making traction on the femur in the most favorable direction, and at the same time pressing its head toward the acetabulum with the disengaged hand.

"Alcohol," said the Professor, "has killed more people than yellow fever." "That is true," said the somewhat bibulous student, "but that is only because more have taken it."

Dr. Stephen Mackenzie, Physician to and Lecturer on Medicine at the London Hospital, in a paper on the Pathology of Diabetes, especially dealing with Diabetic Coma, originally read before the British Medical Association at Worcester in 1882, gives a total of thirty-seven fatal cases of diabetes in the London Hospital from the beginning of 1874, to Midsummer, 1882 (British Medical Journal). "From this series of cases, twenty-one of which have been under Dr. Mackenzie's own care, it appears that coma and phthisis are the two most common modes of termination of diabetes. Coma is a much more common ending of diabetes than is often supposed by those who see but few cases of the disease. In this series, coma of a peculiar kind was the termination of diabetes in nineteen out of thirty-seven cases, or in just over half the number. Of these nineteen cases of coma, in seven post mortem examination showed no gross visceral disease to which the coma could be attributed; in four cases without post mortem examinations, there was no ante mortem evidence of visceral disease in three, and in one there were well-marked signs of pneumonic phthisis during life. Further, there were eight deaths from coma, with old or recent pulmonary disease found at the necropsy; in some of these the affection of the lung was insignificant, in others advanced. The coma that closed the scene in the cases of diabetes, implicated (or followed) by pulmonary disease, had certain special characters, to be presently described, showing its connection with the diabetic rather than with phthisis. It was not the mere loss of consciousness that terminates so many exhausting diseases. Suddenly developing coma is an unusual ending of ordinary phthisis. Besides these nineteen cases, in three others death was by coma, but an obvious explanationwas presented on post mortem examination—viz., cerebral hæmorrhage, meningitis, suppurative nephritis. Onset.—Pain in the epigastrium or hypochondria, often very severe, sometimes ushers in the attack, and may precede for several days the coma. Delirium, usually of a light garrulous kind, is observed in some cases. Rapidity of pulse, is occasionally the first indication of impending coma. Vomiting and diarrhœa, separately or together, was noticed in some cases for a day or two before the attack. Severe headache precedes the coma in others. Fatigue, as pointed out by Prout, and noticed by nearly all who have written on the subject, often determines coma, and the latter is thus frequently induced by a journey. Special features of the coma.—One of the most striking symptoms in most, though its degree varies in different cases,is a peculiar laborious breathing—an "air-hunger," extraordinary efforts of filling the chest being made. The patient lies gasping for breath, like a person after violent exercise, whilst no condition in the respiratory organs accounts for its occurrence. Sometimes, this dyspnœa precedes the coma, sometmes the dyspnœa and coma appear together. The coma in most cases commences gradually. The patient can at first be roused, but it steadily progresses until it is profound. It occasionally commences more abruptly, and in a few cases passes off, usually to return. The surface of the body is generally cold, and the skin and mucous membrane livid; the pulse is rapid and small, and ultimately becomes uncountable. The external and internal temperature sinks exceedingly low, and Dr. Mackenzie has known the temperature in the rectum to be little over 90° Fahr. This combination of coldness, lividity, and rapid pulse has led me for some time to call the condition "coma-collapse." Incontinence of urine is noticed in some patients. The breath has been noticed by some good observers to have a peculiar odor, like sour beer, vinegar, acetic ether, acetone, etc.; but in no case that Dr. Mackenzie has observed has this been detected, though he he has been on the outlook for it since 1874, and has directed the attention of those watching the patient to the point. Dr. Frederick Taylor's experience is similar. It has been said that a high temperature is necessary for its occurrence, owing to the low volatility of acetone. The urine is also said sometimes to give off a similar odor. but the author has not noticed it even when evaporated. In some cases, the addition of a

solution of perchloride of iron to the urine produces a deep brown color. This, which is a test for acetone, Dr. Mackenzie has noticed in some cases."

At a Recent Meeting of the London Pathological Society, Mr. Heath showed a woman of thirty-six years with uni-lateral hypertrophy of the ramus of the lower jaw. (Lancet.) At twenty-five she had hemiplegia implicating that side of the face; her limbs were fully recovered; her face nearly so; but it had become deformed during the last ten years. The chin was pushed over to the right by hypertrophy of the left ramus. The vertical length of that ramus was three inches; of the right, one and a half inches. The motion of the jaw was restricted. The pathology was obscure. Sir J. Paget had declined to recognize it as a case of ostitis deformans. Heath thought to remedy the trouble by removing a part of the jaw and producing a false joint. He thought there was nothing rheumatic about it.

A Recent Number of the Contemporary Review contains an article on the anti-vivisection agitation by the celebrated physiologist, Dr. E. DeCyon, and a reply by Mr. Hutton. The former gives several examples of wholly dishonest use made by the anti-vivisectionists of England of diagrams and garbled or distorted sentences from his "Physiologische Methodik." Of course that was to be expected, but it makes the deed none the less disgraceful. When a party profess to be actuated by such high and lofty humane views as do these agitators, it certainly is most contemptible that they should use such dishonest means to prejudice the community. Cyon also shows that of the two German leaders against vivisection one knew absolutely nothing about the subject, and the other was actually insane, as is now known, when he attacked physiological experimentation so bitterly.

Sacculated Bladder in the female is a very rare disease. In three thousand autopsies twenty sacculated bladders were found, but they were all in men. (Lancet.) In none of them was it large enough to attract attention during life. The only cause of this condition in the female is either spinal disease or pelvic cellulitis, setting up cystitis or causing abscess opening into the bladder. Dr. White showed at the London Pathological Society a sacculated bladder from a woman who had been under treatment for hæmaturia and pyuria. On post-mortem examination an opening was found between the orifice of the urethra and the left ureter, which led into a cavity containing very offensive fluid, and larger than the bladder itself. There was a small abscess behind the uterus, and one in the kidney. The urine retained in this diverticulum decomposed, and it was impossible to cure the cystitis thus caused.

At the Last Meeting of the Linnean Society Dr. Cobbold described a worm which he called the Simondsia paradoxa. It is a nematode, the male living free in the stomach of the hog, whilst the female is lodged in cysts within the walls of the stomach. Although discovered by Simonds thirty years ago the worm has never been properly examined. The strange thing is that the female carries outside her body a large, rosette-shaped organ. This he thought to be the uterus, and he compares it to the generative apparatus of the Spharularia bombi. If Schneider's views be correct, the prolapsed uterus of the nematoid worm of the humble bee is nearly 30,000 times larger than the maternal worm. The latter is a mere appendage, and was regarded by Sir John Lubbock as the male. Dr. Cobbold thought the branched rosette of the Simondsia was homologous with the overgrown prolapsus uterus of the spharularia bombi.

At the Request of the chief medical officer of the military hospitals of Paris, a regimental band has been detailed to play at each of the three hospitals one day in the week for an hour. It is hoped and believed that the effect of the music will be to hasten the convalescence of the sick soldiers.

Dr. Strachan, of Sunderland, writes in the British Medical Journal: "A. W., aged 22, primipara, at full period, was first seen after slight dilatation of os had taken place, the face having barely engaged the pelvis, although the membranes were ruptured, and the liquor amnii was escaping. The finger touched the right malar bone and orbit. The pains were frequent but not strong, and the patient was hysterical. I gave opium, and left her, and was sent for twelve hours later, when the os was fully dilated, and the face, which had now descended to about the middle plane of pelvis, was found presenting, in the first position, the right oblique diameter, with chin backwards towards right sacro-iliac-synchondrosis. As the forehead seemed decidedly to take precedence, I tried gently to make the head rotate on its transverse axis into the first cranial position with the occiput towards the left ilio-pectineal eminence, but did not succeed. This was the method recommended by the late Dr. J. Clark, but is now abandoned. Next, introducing my finger into the mouth, I endeavored to bring down the chin—the proper analogue of the occiput—at the same time assisting the natural rotation into the fourth facial position—the left oblique, with the chin forwards. But all my efforts seemed fruitless to move the head in any way, especially as the pains were weak. So, after waiting two or three hours longer to see what course nature intended to adopt, and as the frontomental diameter still remained impacted in the same position, I gave chloroform, and applied the long forceps with double curve; the upper blade, which had to be introduced first, being rather difficult of introduction between the prominences of the face and the maternal parts, so as to avoid injuring either. The long straight forceps are recommended in these cases with the view of better assisting rotation, but in this instance the double-curved ones answered remarkably well, as under rather powerful traction, accompanied by a gentle twist in the desired direction, rotation took place into the fourth position, and the face was born chin forwards, the hollow of the forceps pointing backwards. Had rotation not taken place, the case would most likely have ended in craniotomy. The child was born alive, and although slightly disfigured at the time, with the caput succedaneum over the right cheek and orbit, which were both considerably swollen, it has done well; the mother has also made a good recovery."

Dr. Layton Reports the case (Deutsche-Amerikanische Apotheker-Zeitung) of an eleven-year-old patient suffering with traumatic tetanus, the result of a wound in the foot produced by a splinter of wood. Cannabis indica, chloral hydrate and bromide of potash had been used without effect. Eserine was then resorted to in one-sixty-fourth grain doses every hour, whereupon rapid recovery ensued. The writer states that this treatment was attended by an increase of the secretions, but there was no contraction of the pupils, and no toxic symptoms manifested themselves.

In a Paper by Dr. T. J. Maclagan on "Rheumatic Endocarditis," the author remarks, in conclusion (British Medical Journal), "Salicin is the preparation to which I give preference, not because I regard it as superior to salicylate of soda as an anti-rheumatic, but because it may be given in large and frequent doses without causing such disturbance of the system as not unfrequently follows the use of salicylate, and necessitates its suspension. My experience, too, is that those treated by salicin (which is a bitter tonic) convalesce more rapidly than those treated by the salicylate. There is an impression abroad that it is very expensive. It is not so. Two of the chief English manufacturers of it have told me that they are prepared to supply it to hospitals and dispensaries at 10s. 6d. a pound. Convalescence is so much more rapid under its use, that I am not sure that it would not in the long run prove cheaper than salicylate of soda. But, whichever is employed, let it be given in large and frequent doses. I make this appeal in the interest of the heart as well as of the joints.

Let every case of acute rheumatism be regarded and treated as one in which heart complications may possibly be prevented. But every hour is of importance, for it needs no argument to show that the danger to the heart is less in a case in which the course of the disease is arrested within twenty-four hours than it is in which three or four days are expended in the process. The fact has never been accepted by the profession that the course of acute rheumatism may in many cases be arrested within twenty-four hours of the time that treatment commences. The recognition of that fact is the keystone to all possible success in the prevention of cardiac complications."

Dr. Wm. Carter, in the British Medical Journal, January 6, 1883, referring to Dr. J. B. Bead's paper as to the use of the liquid extract of gelseminum sempervirens in the treatment of tetanus, makes the following remarks: "During the session, of 1873–74 I communicated to the Liverpool Medical Institution a paper on the physiological action of that drug, and as the result of many observations and experiments came to the conclusion "that the principal effects produced by large doses are extreme muscular relaxation without either stupor or delirium. In these respects," continues the paper, which was published in April, 1875, "its action seems somewhat akin to that of conium maculatum, and these effects would seem to point to its probable utility in tetanus and other disorders attended with severe muscular spasms." During the following session Dr. Spratly, of Rock Ferry, honorary surgeon to the Birkenhead Boro' Hospital, communicated to the Liverpool Medical Institution a report of several (I think three) cases of traumatic tetanus, which he successfully treated by means of gelseminum in the manner indicated by Dr. Read, the doses of the drug being very large, and the effect in each case eminently satisfactory. One of these cases, which, by Dr. Spratly's courtesy, I had an opportunity of seeing, was very severe.

From the New York Medical Journal of June 9th, we take the following: Two Quack Doctors.—"On the 14th of March last a certificate was issued by the State Board of Health entitling one Julius Nothhelfer, of 701 Pine Street, St. Louis, to practice medicine and surgery in Illinois. The application for this certificate was based upon an affidavit that Nothhelfer was a graduate of the St. Louis Medical College, and this was corroborated by a letter from a member of the faculty of that institution, in which he says: 'I can sincerely indorse Dr. Julius Nothhelfer, a graduate of the St. Louis Medical College at the session of 1879–'80, as to his moral and professional character and standing." In his first letter, March 7th, Nothhelfer states that he intends 'to practice in a country town in Illinois.' On the 24th of the same month a similar certificate was issued to one Joseph Fitzgerald, also of 701 Pine Street, St. Louis, and this was granted upon an affidavit that Fitzgerald, graduated from the Royal College of Surgeons, Ireland, in 1871. The affidavit was accompanied by a number of letters 'bearing testimony to the capabilities of Dr. Fitzgerald as a medieal man . . . eminently suited to take charge of any institution requiring a courteous and skillful medical officer.' These were all written in Dublin, none later than 1874; and, as this was not deemed recent enough by the secretary, a rather cautiously worded letter was forwarded by Fitzgerald from a prominent St. Louis physician, its reticence being plausibly explained by Dr. Fitzgerald on the ground of the latter being a stranger in that city. Fitzgerald requested that his certificate be sent to Belleville, St. Clair County, where he proposed to practice. Last week the attention of Dr. Rauch, the secretary of the State Board, was attracted by a large three-column, four-paged circular, headed "The Great Surgeons, Drs. Nothhelfer and Fitzgerald, late of London, Eng., graduates of King and Queen's College, will be at the Commercial Hotel, 100 to 104 Lake Street, Chicago, for one month. Terms for treatment, cash. Charges from $10 to $500, owing to the requirements of the case.'

"In this circular they not only promise to cure every imaginable disease, but offer $500 reward for an incurable case. Inferentially, it is the bulletin of the 'St. Louis Medical and Surgical Institute,' an establishment which, it is safe to say, has no tangible existence, but which, in this sheet at least, is equipped with the 'most perfect surgical instruments and appliances, furnishes the most approved methods of treatment, and treats successfully the great majority of those diseases and deformities considered and given up as incurable.' Everything is done by 'new methods of treatment, new and recently invented instruments, and new and recently discovered remedies.' Some of the passages are unique even in quack literature. For example, the section on 'diseases of the sexual organism.' This is headed 'Manhood and Womanhood.' The worst cases completely restored to health and the enjoyment of life, and closes, after the usual disgusting recital, as follows: 'We would invite the attention of those of either sex afflicted in this manner to our new and successful method of treating this class of diseases, and guarantee a positive and permanent cure in every case of Manhood and Womanhood.' Of course, correspondence is solicited after the usual method and for the usual purposes of the infamous fraternity; consultations are free, and every imaginable device is employed to entrap the victim. What is meant by 'consultation free' was tested yesterday, when they offered to visit and prescribe for an imaginable patient gratis, but would charge $10 for the medicines. The case is such a flagrant one, and comes so clearly within the authority of the Board, unhampered by the ten-year exemption clause, which shields the Drs. James Kean, Clark, and others, that the secretary laid the facts at once before the individual members and received their prompt authorization to revoke the certificate. After to-day, therefore, any professional act performed by 'the great surgeons, Drs. Nothhelfer and Fitzgerald,' in the State of Illinois, will subject them to fine and imprisonment in the county jail." The foregoing was published in the Chicago and St. Louis morning papers on May 2d. Before noon of that day the street distributors of the circulars had been arrested, and within twenty-four hours Nothhelfer and Fitzgerald had fled. It was understood they went to Milwaukee.

The St. Louis Eclectic Medical College and the Illinois State Board of Health are not on friendly terms (Medical Age). One would at least infer this to be the case from the following, which President Washburn recently addressed Secretary Rauch:

> "Sir you still persist in trying to frighten our Graduates, like Springer of Hardin who have attended two full, long terms in our School & Honorably graduated. I look. upon you, as the chief, of a set of Dastard Bigot & villians & the sooner you arrest Springer the sooner you will get through with it."

Friend Rauch must be a hard-hearted man to refuse recognition to a college whose president can write in such vigorous and ornate English. The communication, it will be seen, is written in verse, and has thus perhaps been misunderstood by the prosaic board.

Robert Druitt, M. D., F. R. C. P., F. R. C. S., well known in this country as the author of "The Surgeon's Vade-Mecum," a book that for many years past has been very popular with students, died at his home in London on the 15th of May, at the age of 68 years. For a period of ten years Dr. Druitt was the editor of the Medical Times and Gazette, which journal speaks in feeling terms of his decease.

At the Annual Meeting of the American Surgical Society, held in Cincinnati last week, on motion of Dr. Kinlock, of South Carolina, the secretary was directed to communicate with every member, asking him his views on the code question, and, in case he was not prepared to support the code of ethics of the American Medical Association, requesting him to resign.

The Paris Correspondent of the Medical Press (Feb. 14, 1883) writes as follows (Med. and Surg. Reporter): M. Georges Hayen, of the St. Antoine Hospital, read a paper on the "Value of Hypodermic Injections of Ether in Cases of Imminent Death from Hæmorrhage." In his report he said that transfusion of blood, although frequently practiced abroad, had but few partisans in France; yet if medical men would only give it a fair trial, he was sure their verdict would be in favor of it. He could not help thinking that the criticism made upon the operation was much exaggerated. His colleague, M. Verneuil, gave it as his opinion that transfusion of blood was a difficult, dangerous, useless operation; that the blood, acting only as a stimulant, could be easily replaced by subcutaneous injections of ether. Emanating from such a high authority, this assertion gave him food for reflection. Could it be true that transfusion could be replaced by an operation as easy and relatively as inoffensive as the injection into the cellular tissue of a few drops of ether? Immediately he determined to put the merits of the proposition of M. Verneuil to the test, and for that purpose he experimented on a lot of ordinary street dogs, and the result was completely in favor of transfusion. He bled until convulsions commenced, indicating the approach of death, and although he injected ether four times, the dog died. In an exactly similar case he performed transfusion, and the dog recovered. Other experiments continued to prove the uselessness of ether, and, on the contrary, the exceeding great value of transfusion, which in nearly every case operated complete resurrection. As to the danger of the operation, it was greatly exaggerated, but he insisted on the absolute necessity of employing non-defibrinated blood. On the contrary, he considered that blood injected without its fibrine was not safe, and did not give good results.

"You are a Nuisance, I'll commit you," said an offended judge to a noisy person in court. "You have no right to commit a nuisance," said the offender.

At the Last Congress of German surgeons Dr. Kummell, of Hamburg, presented a case of "Myositis Ossificans Progressive," in a child of twelve years. The condition first manifested itself at the age of four years, and the present condition of the patient is simply deplorable. The head has only a very limited motion in the anterior-posterior direction; the shoulders are so firmly fixed that there is no movement above the elbows, while the disease is encroaching upon the abdominal tract and the muscles of the lower extremities.

At an Election recently held to fill the vacancy in the Section of Medicine and Surgery caused by the death of M. Sedillot, on the first ballot the vote stood: Whole number, 57; necessary to a choice, 29; M. Richet had 22, M. Brown Sequard 18, M. Jules Guerin 14, M. Sappey 2, M. Charcot 1. On the second ballot the whole number was 58; necessary to a choice 30; M. Richet had 32, M. Brown-Sequard 23, M. Jules Guerin 3. M. Richet was, therefore, declared elected, subject to the approval of the President of the Republic.

A Vienna Paper says that the electric light has been introduced into the wards and operating room of the general infirmary of that city. There is a portable as well as a fixed lamp in each ward. The accumulator system obviates the necessity of the dynamo working at night, but it states that it is too expensive for general adoption.

An Undertaker having advertised that he was prepared to furnish all the requirements for a funeral, a malicious wit suggested that he must combine the practice of medicine with his undertaking business.

We understand that our esteemed colleague, Prof. A. J. Stone, of St. Paul, stands an excellent chance of being invited to the position made vacant by the retirement of Prof. Ellerslie Wallace, of the Jefferson College, Philadelphia. They could not do better than to take Dr. Stone.

CONTRIBUTIONS.

THE UNITY OF PATHOLOGY.

BY H. F. PARKS, M.D., BUNKER HILL, ILL.

The first trace of permanent organization of any structure in the human embryo is seen in connection with the development of the brain and spinal cord. While the cerebro-spinal axis grows rapidly toward perfection in form and character, the other organs of the body are formed around it, and in direct relation to it; so that it is not improper to speak of these nerve centers as the beginning of our anatomy, the foundation, in fact, of the whole human organism.

Physiologists also agree that the nervous apparatus presides over all the functions of animal and vegetative life, that nerve force or influence causes and controls all the vital actions of the body.

If then the nervous system is the foundation of anatomy, and the source of physiology, does it not necessarily follow that it must be the basis of pathology? I cannot think otherwise, and from the above I conclude:

1. Health is that state wherein there is normal physiological action of all parts of the body, and disease is the reverse, simply "disordered physiology."

2. Since the healthy functions of the various organs depend upon a normal degree of nerve force, the first step or element in all diseased processes must be *defective innervation.*

All diseases then are *primarily neuropathic*, and *may be reflex disorders*, in the same sense and to the same extent as is the normal action of the brain and spinal cord.

4. A plain, clean cut distinction must be made and kept in mind between disease and injury—the one being "disordered physiology," the other *damaged anatomy*, both sometimes existing in the same case, and again either may be found without the other. As illustrating this point, I will mention that a suppurating joint containing dead and decaying bone, the result of an arthritis, is as purely an injury, when the diathesis which caused the inflammatory action has passed away, as a gun-shot wound of the same parts.

In relation to the above I make the following memoranda:

1. We may understand how it is that inflammation is always a *natural process*, and, whether caused by disease or injury, is always to be viewed as an effort toward a conservation of vitality, to be thwarted only by such a degree of defective innervation as will render the normal products of inflammatory action unfit for reparative use. Also we see why the prodrome of fevers, and all acute inflammatory affections, is for the most part composed of a certain group of nervous symptoms, well described by the patient in the common place but comprehensive phrase "I don't feel well."

2. We can explain the fact that many distinguished practitioners have come to use the remedies classed as "neurosthenic tonics" by Trousseau, such as quinine, arsenic, etc., in so great a diversity of diseases, and also why these agents have manifested such power over inflammatory dlsorders in which it was at one time considered highly injurious to give them.

3. We note further that the phrase "local disease" must be restricted to a relative meaning only, as the body in all its actions and relations is controlled by one force or influence, both in health and disease, so no injury or disorder can occur without in some degree an affection of the whole.

4. Consequently specialism in medicine must to a great extent disappear, for the reason that any disease appearing in any organ would not require a treatment differing in any essential particular from that to be followed had it chosen some other tissue as the seat of its ravages. And as we divide general pathology into medical and surgical, relating to disease and injury, so it must soon come to be realized that the only proper division of labor in practice must be between physician and surgeon.

5. The modus operandi of the different remedial agents certainly comports well with the above theory; whether by ordinary chemical action, as in the treatment of lead or mercurial poisoning, or the more obscure vital changes produced by the administration of the various alteratives, hypnotics, tonics, etc., the result is substantially the same, a higher degree of tone in the nerve centers and consequent increase of healthy action in all the tissues.

6. The establishment of these principles would put that most disgustingly uncertain factor in the practice of medicine called therapeutics on a scientific basis. Investigation into the use of remedies might go on in a rational way; and our bulky materia medica thus losing the greater part of its present unwieldy proportions, the average physician would perhaps learn in half a life-time at most to use intelligently the agents placed in his hands. In short, the first step would be taken toward a position apart from absolute empiricism, and the thoughtful practitioner could be reasonably certain that he was giving the right thing at a proper time.

Many volumes might be written in elaborating these propositions, as they relate to all branches of special pathology; but if they are true, as the writer believes, the intelligence of the profession will enable them to make a detailed application of the subject, and this short paper is written with the hope that the ideas set forth will be fairly considered by the readers of this journal.

AN EXAMPLE OF THE INTOLERANCE FOR MEDICINES IN NEUROTIC PERSONS.

(Therapeutic Ataxia of the Hysteric.)*

BY M. PAUL LEGENDRE, OF PARIS.

Mrs. Marie X——, aged 30, large, robust, a blonde, is of an arthritic and neuropathic family. She has had articular and muscular rheumatic manifestations at different times; she also presents hysteriform lesions, both physical and moral. She does not remember ever having had convulsive attacks, but she is very susceptible to emotions of all kinds, and makes her family tired by a great instability of character; she has frequent intercostal neuralgias and hemicrania, which alternate with periods of dyspepsia of a gastralgic form.

She consulted me during the course of last winter for abdominal pains, which were moderately intense, and accompanied by a slight diarrhœa. I prescribed a clyster containing six drops of Sydenham's laudanum. The drops were accurately counted by the patient's mother. Fifteen minutes after the administration of the injection, Mrs. X—— complained of nausea, vertigo and headache of a constricting form; she rejected some particles of the food taken three hours previously, extended herself upon a bed, and became so pale and insensible that the alarmed family immediately sent for a physician in the neighborhood. This gentleman, upon being informed as to what had been done, finding the pupils contracted, immediately ordered two large cups of black coffee, and very strong, to be made and given to combat the opium narcosis. Upon executing his orders, the patient slowly regained consciousness, her face assumed its natural hue, and was as full as ever in fifteen or twenty minutes, the physician leaving, assured that she was well.

But a little after Mrs. X—— arose, suffering from extreme agitation, her speech was short, and she spoke to her family in rather an extraordinary manner. She said that the ground was running away from under her feet, that she did not feel the contact of her clothes, and it seemed to her that she was suspended in the air; she pinched the integument of the face and backs of the hands with her nails, saying that she experienced no pain. Her vision became affected; she saw objects as if through a grey mist, and as she tottered at each step she made, she was laid on her bed. She remained there six hours, continuing to speak to her family without delirium, merely describing her strange sensation, which consisted rather in the absence of all sensation.

She was entirely anæsthetic: sinapisms were applied at different parts; the skin hardly reddened at the end of ten minutes, and no pain was experienced. Contact with the bed was not felt; so much so that Mrs. X—— continued to say, during the time that the attack lasted, that she seemed to be suspended in the air. She respired without being able to notice any odor from a bottle of "salts," which was very strong, and incessantly complained that those about her spoke too low, although each one elevated the voice as much as possible. At the end of two hours sensibility began to reappear, and upon my arrival, three hours after the coffee was taken, Mrs. X—— was well enough to tell me what had taken place.

She told me that since childhood she had never been able to take coffee without being troubled by such an enervation, as she expressed it, that a single spoonful prevented her closing an eye for the night, and that she never took any. I found this so extraordinary that I am yet in doubt whether this anæsthesia depended upon the small dose of laudanum or upon the coffee. Still, the effects of opium (myosis, nausea and somnolency) seemed to have completely disappeared when this singular anæsthesia, the like of which I have seen nowhere mentioned as occurring in opium poisoning, occurred.

Besides, a few weeks later I was enabled to observe in this lady another singular phenomenon, caused by an extremely small dose of morphia. One evening she had me hastily summoned for a neuralgic pain seated in the superficial branches of the cervical plexus, and in view of the intensity of her sufferings, she asked me to give her an injection of morphia. Remembering her previous experience and excessive susceptibility to opium, I injected one quarter of a syringe of a two per cent. solution, which I saw prepared before me in a pharmacy, or in other words, a half centigram of muriate of morphia. A few minutes later the pain had disappeared, and Mrs. X—— felt well, then began speaking to her family and myself, but soon ceased to take part in the conversation, and seemed to follow with her eyes whatever objects seemed interesting.

She soon inquired if we did not regard as amusing what was going on in the room, and, not noticing our surprise, she described her visions, the most improbable and incoherent, which were passing before her hallucinated mind. She thought herself successively in a garden, a boat, a carriage, a public fête, and she described very incompletely what she saw, as a person who is speaking to others who see the same things. Her delirium was very analagous to that of the hysterical, of which M. Richer's book and M. Chambard's thesis contain many curious examples. This state lasted about an hour and a half, then a calm sleep came on, and the next day Mrs. X—— was very well.

*France Mèdicale, May 1, 1883.

We see here an example of those cases of extreme intolerance in the hysterical, which are much more common than is generally supposed, or, if you will, of neuropaths for medicines. I would not dare to ascribe too much to the coffee in explaining the transitory total anæsthesia of which I have spoken higher up, although the intolerance for this drink, which the patient had experienced many times when taken in small doses, may have violently affected the nervous system when taken in large doses.

At all events, she was affected with opium intoxication of a comatose form by six drops of laudanum, and five milligrams of morphia produced delirium with visual hallucinations.

This is a new example of that therapeutic ataxia whose curious effects M. Henri Huchard has made known.

*THOMSEN'S DISEASE.**

BY DR. L. GREFFIER.

We here have a disease entirely novel and very curious. Westphal, who has presented two cases of it to the Medical Society of Berlin, has proposed the name of "Thomsen's Disease," because that physician, who was a victim to it, as almost all of his family, first gave an accurate description of it.

MM. Ballet and Marie, who have published an interesting paper on this subject in the Archives de Neurologie (January, 1883), give it the name of Muscular Spasm at the beginning of Voluntary Motion. Other names have been proposed, but we have adopted the first on account of its brevity, and because it does not attempt to define an affection as yet so little known.

However this may be, thanks to the investigations of Thomsen, Leyden, Seeligmüller, Bernhardt, Westphal, Ballet and Marie, etc., it appears possible for us to trace the history of this disease, which must be considered as a special morbid entity.

Etiology.—We must first call attention to the influence of heredity. Dr. Thomsen, himself afflicted with the disease, traced it in his own family for generations. Heredity is equally noted in the cases of Leyden and Seeligmüller.

A circumstance, which is not surprising to all those who are somewhat versed in nervous pathology, is that, instead of finding Thomsen's disease in the family of the patient, frequently other nervous affections are found. Thomsen noted that nervous affections were of remarkable frequency in his family; his great-grandmother died of puerperal fever; she had two sisters who presented, at an advanced age, the same mental troubles as her son, Thomsen's grandfather. One of his sisters, not affected by the disease we are speaking of, had ephemeral psychic troubles. In the same manner the patient of Bernhardt had an epileptic uncle.

Age appears to have a great importance, as all cases date from childhood, and the disease always appears to be congenital. All the other attending circumstances do not appear to be constant, and cannot for the time being be taken into account.

Symptomatology.—The principal symptom consists in a spasmodic rigidity of certain muscles, coming on at the moment a motion is to be made.

In the cases of Marie and Ballet, the patient wishing to go up stairs, experienced a rigidity when he was about to raise his legs, but after making seven or eight steps rapidly, all stiffness disappeared. In the same manner, when his hand was closed by some one, he remained some time unable to open it. In all the recorded cases the phenomena present themselves in an analogous manner. Seeligmüller mentions the case of a recruit who drove his instructor to despair because he could not execute the manual of arms with the required rapidity and precision. Thomsen's son had a similar experience. Being suspected of malingering, he was kept under observation for one year in a hospital.

In another case of Seeligmüller's, a singer, when she had finished a piece, was obliged to remain where she was for some moments, not being able to walk when she wished to. When she played upon the piano, her fingers did not acquire flexibility until at the expiration of some time, etc.

Westphal thus expresses himself in the paper to which we have alluded: "In certain circumstances active movements are arrested by reason of the contraction of muscles, and the following are the circumstances:

"1. After a longer or shorter rest of the muscles of the leg, in wishing to rise, the patient suddenly feels a stiffness in the joints of the legs, which become tetanically immobilized.

"2. After a great muscular fatigue, and even after a single strenuous effort, for example, in flexing the arm the rigidity occurs.

"3. The same occurs after certain complicated movements; thus one of the two individuals experiences the phenomenon when he tries to put on his coat, and the other in trying to dance.

"4. The contractions come on after unexpected impressions. The patient, whilst running, may strike his foot against a small pebble, for example, and the foot immediately becomes rigid, and the patient stumbles and falls, sometimes without having the time to help himself by means of his arms."

This tetanic rigidity of the muscles which are in

*France Médicale, April 19, 1883.

action may bring on the most ludicrous situations, say Ballet and Marie .In the case they report,when the patient wished to mount a horse, the left leg, at the moment the foot was in the stirrup, was at first seized with a rigidity inflexion; then the right leg, in its turn, was fixed in extension over the horse's crupper. Then all disappeared, and he could place himself comfortably in the saddle.

We must insist upon one thing which comes out well in the cases we have cited, the phenomenon comes on at the beginning of the movements. When they have been repeated a number of times we cease to observe it.

This spasmodic rigidity does not only reside in the muscles of extremities, the muscles supplied by the cranial nerves are also subject to this. One of the patients presented by Westphal experienced a rigidity of the tongue when speaking, which rendered his speech slow and disagreeable. It was the same in the cases of Seeligmüller, Leyden, etc. In almost all the cases the facial muscles are similarly affected. "During laughter there comes on a tension of the muscles of the face, and during mastication the patients may find it impossible to close the mouth."

The visual apparatus may be affected, and then we note a difficulty in opening the lids, and trouble in turning the eyes in various directions. (Ballet & Marie, Westphal.)

The contractions appear to increase in frequency and intensity under the influence of mental emotions, of the increased attention of the patient over his own movements, and of cold; according to Thomsen, it is possible, by calling to mind the phenomenon, to produce the cramp in reality. On the contrary, by repeating the movements the rigidity disappears. We will note here that the sphincters always remain intact.

Almost all the authors speak of hypertrophy of the muscles in this disease: it is wanting, however, in a certain number of cases. (Ballet and Marie, Thomsen, Peter.) The muscular force is well preserved, and generally is considerable. The tendon reflexes present nothing pathological; the same holds for electrical excitability. In the case of Ballet and Marie, in which the electrical examination was made with the greatest care by Dr. Vigouroux, chief of the electro-therapeutic service of la Salpetriere, it was noted that, after passing a Faradic current, there was a persistence, either of the contraction itself, or of muscular waves, which indicate an active state of the muscle for several moments.

Psychic troubles have been observed only in very few cases. We have, nevertheless, mentioned the alternations of muscular rigidity and mental trouble in the cases of Thomsen and of Bernhardt. Sensibility has always proven mormal.

Diagnosis.—Thus characterized, Thomsen's disease will with difficulty be mistaken for any other. Ballet and Marie thus establish the differential diagnosis: *Spasmodic tabes dorsalis* is a congenital disease, characterized by rigidity of the lower limbs; this rigidity persists; it does not disappear by continuing the movements; it is accompanied by an exaggerated excitability evidenced by increase in the knee phenomenon and by the appearance of spinal epilepsy. The upper limbs, and the muscles of the tongue and face, are intact. In *pseudo-hypertrophic paralysis* we deal with a true paralysis; the most voluminous muscles are entirely feeble, and, beside them, we find muscles completely atrophied.

Nature of the Disease.—Is this a disease of the muscular system, or a lesion of the cord? This is yet difficult to determine. Pathological researches have proven insufficient: Ponfick, having examined muscles of one of the sons of Thomsen, found no lesion. The microscopical examination made by Patrone only gave negative results. Thus we are reduced to hypotheses, and they are numerous. Thomsen, basing himself upon the alternations of the spasms and of the mental disorders, in his family, regards this affection as a psychosis. Westphal regards it as a congenital anomaly of muscular tonicity. Jaensiel proposes to call the disease congenital muscular hypertrophy; he believes in a congenital antagonism of the nervous and muscular systems, the latter predominating. The patient, he observed, had normal muscles, whose fibrillæ presented no peculiarity. According to him, the occasion for a contraction is entirely capricious and peculiar, and the stimulus increases with the resistance in such a manner that patients may still accomplish their functions up to a certain point. The muscles whose development is extraordinary are not sufficiently active not to become dormant, nor sufficiently inert to atrophy.

For Ballet and Marie, likewise, it is the muscular system which is affected. The generalization of the motor troubles almost all the voluntary muscles, their transitory character, as also the phenomenon produced by electric excitation, appear to prove this.

Petrone and Seeligmüller, on the contrary, attribute a nervous origin to this disease. The former regards it as dependent upon some trouble of conductibility at some point between the cerebral cortex and the terminal spot of Rouget. The latter designates it under the name of spasmodic hypertrophic spinal paralysis. Evidently a more thorough study of this disease will be necessary to elucidate this difficult point.

Treatment.—As regards treatment, there is nothing to say: Thomsen employed all that thera-

peutics affords, both on himself and on his family, without any results. Here, as in regard to the nature of the disease, we will have to await the result of future researches.

ON CAUSTIC ANÆSTHESIA.

*Record of a Case of Ulcerated Scirrhus of the Breast, operated upon by means of this method.**

BY M. JULES GUERIN.

Whatever may be the number of useful applications of chloroform anæsthesia, there are some subjects in whom this method cannot be employed; those, for instance, who have chronic affections of the heart and of the respiratory organs.

We must further admit that, notwithstanding the progress made in our days to prevent all accidents, experience has only too often proven the insufficiency of the best calculated precautions. We must not forget either that the localization of anæsthesia to those regions in which the work of the surgeon is to be carried on has remained a problem, and that the insensibility of certain parts is always obtained, but *en passant* by general anæsthesia, that is to say at the price of a certain degree of intoxication of the organism, and is attended by all its inconveniences and unlooked for casualties.

These *desiderata* of the great and precious method of chloroform anæsthesia explain and justify the search of other means to effect immediately then a state of insensibility in certain parts without participation of the whole organism in anæsthesia. This is the object I had in view.

Physiology teaches us that the skin is the seat of the nerves of sensation and of reflex sensibility, and that, beyond the zone it occupies, this property disappears, also diminishing in the nervous branches, which are rather conductors of the peripheral impression than sensitive of themselves. It is also a commonly known thing that parts of the skin held in contact with certain caustics for a time are completely disorganized. It is also a matter of general observation that certain chemical caustics of the class known as *potential* have the property of coagulating the blood contained in the vessels.

But, about and beyond these common facts, there are certain circumstances which have been neglected, if not escaped observation, of which I have made use.

By means of these effects of potential cauterization, I conceived the idea of tracing out a path and certain limits for surgical operations, in which the cutting instrument could be employed without eliciting pain or hemorrhage, and without leaving behind it any open avenues to the septic materials which follow and complicate surgical wounds so frequently. I will at present refrain from acquainting you with the different processes by which I conceived the idea, as also the different trials I made; I will come at once to a grave operation, which presented to me the different circumstances inherent to this operative method, and offer a specimen of the services we may hope to obtain from it.

CASE.—In the course of last January, a lady, aged 60, consulted me for a tumor of the right breast which had existed for seven or eight years, and which several physicians had counselled her to have removed. This tumor, about ten centimeters in diameter, occupied the whole site of the breast; of an irregular form, bosselated and hard to the touch, it adhered to the skin and presented at its surface two small reddish ulcers, by whose means a little colored liquid oozed out; the rest of the skin was pale, but rich in enlarged veins. Still the tumor was not adherent at its base, it could yet be easily moved; no axillary glands involved. My diagnosis, like that of the physicians previously consulted, was ulcerated scirrhus of the right breast. The general health was bad; a catarrhal bronchitis, dating back a year and a half, and accompanied by frequent attacks of coughing and abundant expectoration, existed; there were also pains in the region of the kidneys, and cardiac troubles characterized by frequent interruption of the pulse, offering altogether but an unfavorable case for an operation which was daily becoming more urgent and indispensable.

My advice was to proceed immediately to the removal of the tumor, which was that of her family and consulting physicians. The operation having been decided upon, I proceeded in the following manner, being aided by her physicians and husband.

I applied around the tumor and two centimeters from its circumference a circular or rather oval layer of Vienna paste two centimeters in height and width, accurately maintained and limited by a double band of adhesive plaster. The patient, who was told to describe the progress of the cauterization, said, fifteen minutes later, that all pain, which had been moderate, had ceased; still I let the caustic remain five minutes longer or twenty minutes in all. The caustic having been removed and the cauterized surface wiped with a cloth containing vinegar, a black, perfectly regular band was observed.

An assistant having lifted the breast, I passed at its base, between the tumor and underlying connective tissue, a short probe carrying a very fine platinum wire to hold the tumor up during the operation. The probe being removed and the tumor held suspended by the wire, I cut horizontally and in a circle the whole cauterized band: this was

*France Médicale, April 24, 1883.

done without the least pain and without hemorrhage. Having thus detached the tumor from its cutaneous periphery, I tore it out with the fingers, dividing a few fibrous bands with the scissors. The operation lasted ten minutes. There were but two or three spoonfuls of blood lost, and a single arteriole required a ligature, which separated two days later.

The patient suffered no pain during the operation.

The after consequences were of the simplest and happiest. The dressing consisted in applying every day lint saturated with a one per cent solution of carbolic acid, one quarter of alcohol being added; this was preceded by washing the wound by means of a syringe.

There was not a single day of fever; no rigor nor raised temperature; the appetite and sleep were good. But the most suprising thing is, that the attacks of coughing followed by abundant expectoration, which had existed for more than a year, ceased almost completely after the eighth day.

As to the cicatrization of the wound, it was very regular. The granulations, of the best appearance, touched occasionally with nitrate of silver and dressed alternately towards the last with glycerine and carbolized water, went in regularly and gradually to a restoration and complete repair of the cavity made by the extirpation of the tumor. The border of the wound, made by the circular half of the cutaneous eschar, remained in place more than three weeks in the form of a dried band adhering to the cutaneous cellular tissue. It detached, but little by little, in small pieces. It was an easy matter to determine this double fact, viz., that the band of the eschar, very consistent and adhering, formed an impassable barrier to the passage of the fluids of the wound, and thus prevented all absorption by this means.

Such is the first grave operation made by the aid of the insensibility obtained by caustics. It was possible to follow step by step all the particulars characterizing this new surgical resource, and to note the advantages which it furnishes. I will therefore dispense from making any further remarks on the case. I leave the care of estimating the possible applications of this method to surgeons, and to show in the future to what extent caustic anæsthesia may, I will not say supplant, but supplement in certain cases chloroform anæsthesia.

SOCIETY PROCEEDINGS.

ST. LOUIS MEDICAL SOCIETY.

SATURDAY, June 23, 1883.

The President, Dr. Barret, in the chair.

DR. MUDD presented a specimen of epithelioma of the penis, accompanied by enlarged glands in both groins. The patient is a German, aged 36, in good robust health, and having a fair education. For a year or more past he experienced an irritation about the penis, which he attributed to the friction of his clothes. Two months ago he noticed a discharge from under the prepuce. This increased and became so annoying that he consulted a physician, who told him it was nothing and to leave it alone. Later, a second physician circumcised him, and found an induration and thickening about the glans. It was at this time that an enlargement was first noticed in the groin. It was as large as an egg. Dr. M. saw it, and it was already adherent to the deeper tissues and the inner portion of Poupart's ligament. The other (left) inguinal gland was also enlarged. As the enlarged gland belonged to the upper chain of lymphatics in the groin it was removed en masse, and was found to be adherent to the aponeurosis of the external oblique muscle and iliac layer of the fascia lata. The gland on the left side was easily removed. In the right gland was found a scar-like contraction, which was superficial. The operation on the penis was made by one cut of the knife, a section of the urethra slit up on the dorsum and the two ears fastened on either side to prevent narrowing. Dr. M. has observed trouble from narrowing of urethra after amputation of penis in only one case. Where it is turned out and everted there is little trouble in keeping it open and preserving the channel. The operation in cancer of the penis is followed by good results, and a return is generally late, if it occurs at all.

DR. JOHNSON said that there was but one argument for amputation of the penis affected with epithelioma—the organ becomes so offensive to the patient that he is better without it than with it. He related the case of a young man who said he had the worst case of venereal disease ever seen. It was epithelioma, and the physician decided to have it cut off. It was operated upon and healed handsomely. In a year or eighteen months the inguinal glands enlarged rapidly, the system became contaminated and he died. The operation is justifiable, but in a year or two the patient will probably die. The certainty of death in malignant tumors is a factor that is always present, and Gross says that a surgeon who promises cure deceives himself, the patient, or both.

DR. LUTZ hoped that Dr. Mudd would be more successful than himself and have no return of the disease. In no single instance where he has removed the mamma has there not been a return of the disease. He has a patient, an old maid of 48, in whom he removed the breast two years ago, in whom the glands above the right clavicle enlarg-

ed and indurated six months after the operation, and now the disease has returned in the original scar, and is four or five times as large as the tumor when it was removed. There is considerable difficulty in breathing, and probably the glands in the mediastina are involved. Yet the only true way to proceed is as Dr. Mudd has done in this case, and perhaps the success of Gross is due to the fact that he so radically removes everything that might be infiltrated. All surgeons agree pretty much that the primary neoplasm is local and the system becomes involved afterward. Dr. L. in the case of Dr. M. was inclined to believe, from the large size of the gland removed, that deeper ones were involved and would have to be removed at some future time. Dr. L. had removed a breast before any involvement of the axillary glands existed, and the disease had returned.

Dr. Mudd did not claim that this would cure the patient, and he had acquainted him with the uncertainties of such a case and that this procedure gave more hope than anything else. Dr. M. believes that these growths are of local origin. He does not believe that this patient will die in a year; that he will succumb to the disease is most probable, but the justifiability of the operation remains unchanged. He is more comfortable and will live longer, and that is the point in all operations for malignant growths. Dr. Lutz speaks of his bad results in the malignant tumors of the breast. He, Dr. M., had seen many breasts removed, there being but one or two fatal results due to the operation itself. When an operation is attended by great risks, such as when the abdominal cavity is concerned, the temporary relief is not sufficient compensation for the risk. With regard to operations on the penis, like the one related this evening, one is now living, operated upon five years ago, one two and a half years ago, and a third eight years ago.

Dr. Lutz asked what was the frequency Dr. Mudd had observed of the involvement of the glands of the chest after operation for mammary cancer, and what course he would pursue in secondary epithelioma.

Dr. Mudd could not say in answer to the first inquiry, it seemed to him somewhat improbable that the mediastinal lymphatics should become involved on account of their imperfect communication with the mammary. As for secondary epithelioma, the same law holds good for it as for the primary trouble, and an operation should be performed where it can be properly done. In a recent paper by Gross, Sr., he advocates not only the removal of the entire growth, but even of a part of it, if, by thismeans, the intense pain can be relieved. He even goes so far as to advocate the removal of a part which is suppurating and is offensive, or a drain upon the system, and it is possible to operate, so as to have a healing of the parts.

Dr. Wise was called not long since to see a man, aged 65, who could not pass his water. The parts for 1-16 inch around the meatus were mortified. The inability to urinate was caused by the swelling about the urethra. By passing a probe in the meatus the urine passed slowly and relieved the bladder. The patient was placed upon quinine and iron internally and antiseptics locally. The next morning the gangrene had increased 1-16 inch, and the evening found it still extending. An operation was deemed necessary, and next morning Dr. Bernays saw the case, no tendency being present for a line of demarcation to form. That evening the upper third of the penis was excised a half inch beyond the corona. An ecraseur was employed and hemorrhage was slight; the urethra was everted and stitched. This was three weeks ago; there has been no return of the gangrene, the wound is nearly healed, and no narrowing of the meatus. It was no epithelioma; there might have been atheroma, but nothing could be found. There are very few such cases reported.

Dr. Johnston read a paper on "Gynæcology."

He introduced the subject by stating that Recamier in 1816 limited himself to diseases of the uterus and its surroundings, and to him is due the honor of inventing the vaginal speculum. In 1844 Dr. H. Bennett issued a book on gynæcology; he was the one who started the treatment of uterine displacements with pessaries. Dr. Emmet, in his last work on gynæcology, states that any person with proper skill may do more with a piece of wire or pledget of cotton than an unskillful man with a complete armamentarium. Some use a piece of sponge, and if the whole thing depends more upon the operation than the pessary, the latter is of little use and should be abandoned. Dr. Sims says that a pessary is to be worn like a glass eye, only when awake. Statements are now made that displacements are the cause of most all of the diseases of women and the pessary is the keystone of treatment. Mundé calls the pessary a makeshift. Emmet says it is only a reliable means in retroversion and prolapse. When gynæcologists learn that the rectum is always changing its form and the vagina is liable to assume various forms, they will know how useless pessaries are.

Dr. Simpson devised the operation of slitting up the cervix up to the body of the uterus, for sterility, but when it was transplanted to America, in the hands of Dr. Sims, it cured everything. Every woman had her cervix slit. Old men looked on in astonishment, and the young men slit up the

cervix of every woman. Now the operation is abandoned by all thinking gynæcologists, and the members of this society will remember I denounced it fifteen years ago, and a member boasted that he had performed it 150 times. Dr. Sims was fortunate enough to have two students who found that erosion, laceration and some other lesions were the causes of most of the diseases of women. The women who had the necks of their wombs slit up are having them pared and sewed up. And yet it is very certain that the cicatrices for this last operation will cause as much irritation, if any, as the first. Dr. Goodell thinks the operation causes sterility, as, out of 169 cases operated upon, only seven have become pregnant subsequently to the operation. In some local treatment would have answered every purpose. The healing of tears is accomplished in a bungling manner, neuralgia results, and they must be cut, say our new school. Matthews Duncan said that every woman, in her first confinement, had the cervix or vagina more or less lacerated, and yet very few suffer from neuralgia due to these causes, and very few outside of Emmet and his followers ever see it. Let us hope that some genius will arise, and, in the language of the late Dr. Kennard, refrain from making every woman's vagina a toy-shop. It is a common thing now-a-days to have some young miss say that she is going to her doctor to be examined, and instead of looking for a husband she goes and sees her doctor.

When these followers of Thomas and Emmet are abroad with their satchels, mothers and husbands should lock their doors.

Dr. J. further stated that he was not opposed to the legitimate practice of gynæcology, but so many abuses had crept in, and so much was being made of it, that the time for reform had arrived.

PATHOLOGICAL SOCIETY OF PHILADELPHIA.

Carcinoma (Scirrhus) of the Breast. *By* Dr. J. H. Musser, *for* Dr. R. M. Girvin.

In November, 1882, Miss—, a lady of good circumstances, with a hereditary tendency to carcinoma and scrofulosis from the mother, noticed at the upper portion of her breast a small, extremely tender lump, the size of a hickory nut. The nodule increased in size, and on the day of removal, February 17, 1883, was as large as a duck's egg, in the first position mentioned. Neither at that time nor at any other time was the nipple either diseased or retracted, or the mamma discolored. The breast had never been injured. The lymphatics were not involved. The general health and nutrition was good.

The above operation was performed on the above date by Dr. G. on account of severe paroxysmal pain. So severe was this symptom that a slight opium habit developed. The wound healed nicely. There has been no return of the disease (May 20).

Examination of a section of the hard mass in the gland demonstrated it to be a scirrhus.

Sarcoma of the Bladder. *By* J. H. Musser, M.D.

I am indebted to my friend Dr. Sam R. Skillern, for whom I made the autopsy, for the privilege of exhibiting this very interesting specimen. At the time of the examination the skin of the body was of the characteristic cachectic hue, the rigor mortis was marked, the emaciation considerable though not striking, for on section there was a fair amount of fat in the abdominal walls and in the omentum, while the muscles were comparatively large. The abdominal cavity alone was examined. The peritoneum was healthy, the stomach and intestines of a normal appearance. Neither the mesenteric nor any lymphatic glands were affected. The liver was slightly enlarged and fatty; the spleen normal. The genito-urinary tract was removed intact, the kidneys being severed from their attachments with difficulty on account of being surrounded by fat. Beginning with the kidneys, the left was about half the natural size with thickened adherent capsule. The pelvis was very greatly dilated, the secreting portion reduced to one-third the natural size. The medullary portion was mostly atrophied; the cortical was thin, hard and pale. The right kidney was larger by one-third than normal, was also cirrhotic, and although its pelvis was dilated the secreting portion was not atrophied very much. The ureters were very much dilated—averaging the size of the index finger. The bladder was in its normal position, and on opening, the calibre was found lessened by one-half, the walls much hypertrophied. At the base of the bladder in the trigone vesicale a flat tumor was detected. It measured two inches transversely and one antero-posteriorly. The base of the tumor was smaller than the upper surface. This surface was irregular, at some places ulcerated, at others covered with phosphatic concretion. The orifices of the ureters were found by diostatic means to open into the tumor, and hence were somewhat occluded. The urethral canal was not encroached upon. To the left of the large tumor were two small secondary masses. Microscopical examination of the kidneys and the tumor: In the former interstitial tubular nephritis was found. The tumor was of the histological appearance of a sarcoma. The sections are under the microscope for examination.

The person from whom these specimens were removed had been a successful minister in charge of a large congregation. He had always been a great mental worker. At the time of his death he was

fifty years old. During his life his habits were most exemplary. His previous health was good; in his family history no evidence of hereditary disease could be traced. For the clinical history I am indebted to the various medical gentlemen that attended him.

Prof. Agnew was consulted more than two years prior to death, on account of vesical irritation. Six months thereafter he passed blood by the urethra. Careful examination at this time and before, both by the urethra and rectum, fai'ed to detect any tumor or calculus. In a short time the cachectic hue became evident and with all, the professor suspected malignant disease. The hemorrhages became more profuse and occurred more frequently. Prof. Tyson was then consulted. He very kindly allowed me to extract the following from his notes:

Dr. Tyson said, that Mr. S. first came under his observation May 27, 1880, being then 47 years old. He stated that he had been annoyed by frequent micturition for about five years, which gradually increased until at that time he had to rise two or three times each night, but thought it was more frequent during the day than at night. At first he was completely relieved of this symptom during his vacation, which he spent in the woods, and was still much better at such times. He thought Poland waters gave him relief and he felt compelled to use it constantly. There was at this time a burning sensation at the neck of the bladder. The urine at this date contained one-twelfth its bulk of albumen, enough blood corpuscles to give it a "smoke hue," but no casts. On June 22, he again reported, Prof. Agnew, in the meantime, having passed a sound, and detected a slight stricture, which he thought accounted for the symptoms. The patient was instructed to pass a sound for himself, and he thought it gave him great relief, not only diminishing greatly the desire to pass water, but also relieving the sensation at the neck of the bladder.

Dr. Tyson did not see him again until October 31, 1881, when he reported that during the previous year he had been using the bougie at one time as often as five or six times a week, but more frequently every three or four days. He had been very well during this time, gaining ten pounds in his summer vacations, and at that time not urinating more frequentlythan anyone else,although he kept up the use of Poland waters, of which he was using eight tumblers a day for five weeks while at the spring, and when at home five a day. He now mentioned that during the summer he felt occasional soreness in the region of the bladder when stooping, and noticed also occasional chalky deposits in his urine. At the time of this visit his urine was acid, specific gravity 1014, and contained one-fifth its bulk of albumen, but no tube casts. No note of blood was then made.

On November 7, his urine contained a sediment equal to about one-tenth to one-twelfth its bulk, which was composed mainly of blood corpuscles. There were a few leucocytes. He continued to visit Dr. Tyson until March 28, 1882. During much of this time, he reported himself improved, there being much less frequent micturition at times, while the uncomfortable sensation at the neck of the bladder was less. The Poland water was discontinued and ordinary drinking water substituted, with about the same effect in relieving the symptoms. During most of this time he took oil of eucalyptus in doses of from six to ten drops, three times a day, we thought at the time with good effect, but the same changes occurred when he was taking nothing. His urine was always albuminous, sometimes containing blood appreciable to the naked eye. Once or twice he passed a small clot of blood from the bladder, and on January 7, 1882, a large clot which he compared to a small leech; two or three times he brought chalky concretions, evidently phosphates, which he had passed. He always thought the bougie relieved him. He was always worse after a hard day's work, as on a Monday after preaching a couple of times Sunday. Benzoic acid and ergot were used with about the same effect. The oil of eucalyptus apparently was of temporary but no permanent advantage.

On March 28, he reported for the last time and said that since his previous visit, seven weeks before, he had been very ill, with what seemed to be an attack of great prostration during which the urine was little altered, except that there was increased phosphatic sediment. More recently, however, there seemed to be always, except for short intervals, more or less blood in the urine. At no time during his appearance did he present a cachectic appearance, nor any other symptoms except those mentioned of intermittent hemorrhage from the bladder and symptoms of vesical irritation, and had not suspected malignant disease of the bladder while he was under his observation, but thought rather there might be a hemorrhoidal condition of the prostatic plexus of vessels.

During the summer and fall of 1882, the general health of S. failed very much, while the vesical irritation was quite pronounced. When under Prof. Agnew's cure he began to use a sound, and at this time used it daily for its soothing effect. Along with the slight vesical tenesmus, he suffered from a little pain at the head of the penis, from the very first. During this time and in the winter the hemorrhages continued. The blood was discharged before the urine; sometimes a considerable amount

of pure blood, fluid or in clots. The bloody discharges occurred with every urination or days would pass by with clear discharges.

Dr. Skillum attended S. from January 9, 1883, until his death in March 13. From his notes in addition to the above I glean the following facts: The occasion of the first visit to the patient was due to a fit which he had, and the nature of which was not clear, although it was probably a syncopal attack from blood loss. He suddenly became unconscious and when seen had a pallid face, cold clammy extremities, a feeble pulse and shallow respirations. There had been no convulsion, although slight convulsive movements were noticeable. Hypodermic injections of amyl nitrit. soon aroused him, although he dosed for an hour afterwards. There is no evidence to prove that this seizure was uræmic. At this time his general condition was very bad. During January it is noted that he used the catheter frequently on account of a slight difficulty to start the flow of urine, and that in using it a grating sensation was felt by him; that the paroxysmal hemorrhages continued; that the constant feeling of discomfort at the neck of the bladder and the dysuria grew worse. Micturition occurred every two hours. In addition to the above in February he had morning nausea and vomiting, generally losing his early meal, becoming more frequent later in the month. The loss of flesh and strength became very evident, as did the cachectic appearance. Two weeks prior to death he began to complain of renal pain; the twenty-four hours prior the pain was agonizing. He died of exhaustion. It may be noted that the urine was never suppressed, nor was there even marked vesical pain. Dr. Formad expressed the opinion from an examination of the urine, several weeks before death, that malignant disease of the bladder was present, confirming the opinion of the other gentlemen. His opinion was based on the character of the epithelium in the deposit being of the appearance of the deep layers of the bladder mucous membrane.

Dr. Agnew kindly informs me, without referring to his notes, that he distinctly recalls four cases of sarcoma of the bladder, all in males, and in all bloody urine was an early and constantly recurring symptom, amounting in one of the cases to very profuse hemorrhages. Pain in one or both hips was also an early symptom. The patients were all over forty years of age.

This interesting note calls attention to the chief facts of these cases and an especially noteworthy one—the age of the patient. As is well known, sarcoma in other situations generally occurs in early life, in this in later life. Then an examination of the relation of the mouth of the urethra to the flat tumor will show how readily a sound could have passed over the tumor, while the base of the bladder being filled the sound could not engage the mass. The enlarged prostate was no doubt deceptive, obscuring the vasal mass, when rectal touch was made.

In a Case of Poisoning with belladonna ointment, Dr. Smiedwitsch (Deut.-Amer. Apoth. Zeit.) says: The ointment was applied over a wound of the skin and consisted of ext. belladon one part and fat eleven parts. Within two days the patient began to suffer from vertigo, weakness, dryness of the throat, difficulty in swallowing, delirium, insomnia, dilatation of the pupils. On the gums small extravasations were seen. Bromide of potash was ordered, whereupon rapid improvement followed.

That Œdema of the temporal region may be an important diagnostic sign, is shown by the following case (Med. and Surg. Reporter): An unmarried lady, æt. thirty-one, suffered for a long time from a purulent discharge of the ear and polypus-formation in the meatus on the right side. Suddenly there developed itself, with intense pains, deep in the ear, and spreading over the whole right side of the head, a swelling over the mastoid process, and synchronously a diffuse hard œdema in the region of the right temporal bone of the zygomatic process with slight redness of the integument. Soon unconsciousness set in, the pupils reacted evenly but sluggishly; the pulse was full, intermitting here and there, 56 per minute. Notwithstanding the discharge of a considerable quantity of fœtid pus by incision of the abscess over the mastoid proces (carious in nature), death set in under progressing stupor. The post-mortem examination evinced meningitis caused by the otitis, complicated by phlebitis and thrombosis of the lateral sinus. The case is reported by Dr. S. Moos in the Zeitsch. f. Ohrenhlkd, xi., p. 242. M. had some time previous a similar case, where the œdema of the temporal region also enabled him to make a correct diagnosis, and to base the fatal prognosis upon.

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